Clinical Lectures ON DISEASES OF THE CHEST.

Delivered at Charing-cross Hospital,

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LECTURE V.

ON BRONCHITIC ASTHMA.

GENTLEMEN,—I wish to-day to call your attention to two cases in which dyspnœa is the principal, I might almost say the sole, constituent symptom; in which, if the dyspnœa were removed, there would be very little left; but in which it is so severe and aggravated that they are cases of great suffering, and at times even of urgency. They are cases of asthma, and asthma of a particular kind—unfortunately, too, of a very common kind. You will meet with many such cases in your future practice, and when you are called upon to treat them, your treatment will have to be prompt and immediate, as well as correct; it is, then, of the utmost importance that you should recognise them readily, and read them off, so to speak, at sight; I shall therefore give my observations on them a bias in the direction of diagnosis.

The diagnosis of any case of asthma involves two things: first, the determination whether the case is one of asthma or not; and, secondly, if it is asthma, what particular variety of the disease it is. With the view to treatment, it is not enough for you to determine that the symptoms are those of asthma; when you have determined that, you have only half done your work: you might be perfectly correct so far, and yet your treatment might be altogether wrong. The radical treatment of asthma depends far more upon what variety it is than upon the mere fact that it is asthma, and for this reason—that the radical treatment is the treatment of the cause, and the cause determines the variety. Until, therefore, you know the variety of the disease in the case you are dealing with—in other words, until you know what cause or causes lie at the root of it,—you cannot hope to treat it successfully or conclusively. You may work away at the asthma as long as you like; but as long as you are merely treating the asthma, you are merely treating a symptom, and your treatment will be only palliative. Suppose, for instance, I have a case of bronchitic asthma; I shall never see the end of the asthma till the bronchitis is subdued which excites it and keeps it up. Or suppose I have a case of peptic asthma, I shall never see the end of the asthma till the dyspepsia is removed, or the patient put on such dietetic rules as will enable him to steer clear of all offence in the direction of the stomach. Of no two diseases is the treatment more different than of these two varieties of asthma. In relation to therapeutics they are as wide asunder as the poles. The mere palliative treatment, no doubt—the immediate treatment of the asthmatic dyspnœa,—would be the same in both; but in their radical treatment they have nothing in common.

How, then, shall we determine in any given case of dyspnœa—whether, in the first place, true asthma is present? and, in the second, if present, whether it is of the bronchitic variety?

It is, no doubt, a difficult thing to give a concise and simple definition of the essential constituent evidences of asthma—such a definition as it shall be impossible to quarrel with, contained in half a dozen words, yet inclusive of all that is essential, and containing nothing that is non-essential. But I think if we say that asthma is "paroxysmal dyspnœa, accompanied by sibilation," we shall be pretty near the truth. If we go beyond this, we pass from a definition to a description, and shall have to increase our preciseness by a series of qualifications and negations. The only direction in which I think such a definition could possibly be imperfect would be in the direction of bronchitis. It would exclude cardiac dyspnœa, for that is not accompanied by sibilation; it would exclude the dyspnœa of emphysema, for that is neither sibilant nor paroxysmal. But would it exclude the dyspnœa of pure bronchitis? I think it would; for I do not think the dyspnœa of bronchitis can ever be called truly paroxysmal. No doubt it is worse at one time than another; no doubt in every severe attack of bronchitis there is a period at which the dyspnœa is at its height; no doubt exertion may at any time aggravate it. But I do not think it can be called truly paroxysmal. We should render our definition much more complete in this direction if we could add to the word "paroxysmal" the word "recurrent" or "periodic." But this we cannot do; for asthma may occur once and only once, and then the paroxysm is not recurrent: it may also be entirely free from any trace of periodicity. Let us be content, then, with our definition, and conclude that whenever we have "dyspnœa truly paroxysmal, attended by sibilation," whatever else is present, asthma is present. And now for the second question—Whether asthma, if present, is of the bronchitic variety.

There are three circumstances on which I am in the habit of depending for the determination of this point, and I think almost any one of the three would be sufficient for its settlement; certainly the three united would be absolutely conclusive. The first is, whether the asthma is a winter asthma; the second, whether causes of catarrh are the causes of the attacks; and the third, whether the expectoration is purulent or not. If these three questions are answered in the affirmative, there is no doubt whatever that the asthma is bronchitic; and it necessarily almost invariably happens that when one of them is affirmatively answered the other two are also. The restriction of asthma to winter points to its bronchitic nature, because the agencies at work in winter — depression of temperature, humidity, sudden changes—are amongst the commonest causes of bronchitis. Its production by the causes of catarrh points to its bronchitic nature on exactly the same principle; while the purulent character of the expectoration derives its diagnostic value from the fact that pus is never thrown off by a mucous membrane unless that membrane is hyperæmic. In asthma unassociated with bronchial inflammation I believe the expectoration is never purulent.

If, then, I find a case in which dyspnœa is the prominent symptom, in which that dyspnœa is strictly paroxysmal, in which it is accompanied by musical râles, in which there is a winter periodicity, in which the causes of the attacks are chiefly those of catarrh, and in which the expectoration is purulent, I come to the conclusion that I am dealing with a case of bronchitic asthma.

Having said thus much on the principles of the diagnosis of these cases, I will read you the histories of the two to which I wish to direct your attention to-day.

CASE 1.—George W——, aged thirty-six, was admitted into the hospital on the 31st of August. He has always been temperate in his habits, and is by occupation a labourer, working mostly in a malt-house, for thirteen winters past, and sometimes in the summer. The work is very dusty, especially when screening down the malt to get rid of the malt-dust, exposing the labourer to violent alternations of heat and cold, putting him into a profuse sweat and then chilling him. From his childhood he has been apt to take cold, and whenever he has done so it has fallen upon his chest, giving him cough, expectoration, and sternal soreness, accompanied, as he grew up, by some wheezing. For these attacks he never laid up; but about six years ago severe paroxysmal difficulty of breathing became superadded, so that whenever he caught one of his colds he was quite laid up and unable to work, in consequence of this shortness of breath—a tight, difficult, constricted breathing, that rendered all movement impossible. This lasted for about three days, and then would go completely off, leaving the breathing perfectly free. While it lasted it prevented his lying down in bed—he was obliged to be bolstered up, and sometimes could not even remain in bed at all, being compelled to put his feet over the side of the bed and sit up. He would then be free for some months, and then catch another cold and have another of his attacks. Then, eighteen months ago, a third change took place in him—the attacks of difficult breathing became much more severe, much more frequent, and, in the intervals, left his respiration permanently embarrassed. From that time he has never breathed freely, and has been gradually getting worse, so that at present he is in a state of permanent asthma. Although, however, he is never now free from a

certain amount of asthma, he is at times much worse than at others, being liable to most severe exacerbations of his dyspnœa, so that he has, as he expresses it, "to fight for his breath." Such attacks generally last about two days, and occur from once a week to once a fortnight. But besides the weekly or fortnightly attacks he always has a minor attack *every* night. It comes on about one or two o'clock, obliging him to sit up in bed, or lean on his elbow, and sometimes to cough and spit. After an hour or two it mitigates slightly, and he drops off to sleep. On awaking in the morning he finds his breathing again bad, and his chest loaded with phlegm; he spits profusely for an hour or so, and in this way somewhat clears his chest, and gains a little freedom of breathing, goes on somewhat better throughout the day, and then in the evening, or if not then at any rate in the night, the asthma returns. And thus he runs a daily round. Before each severe attack he feels what he calls "dull," by which he means heavy and disposed to sleep, and knows in this way that an attack is coming on. Occasionally, but not always, an attack is ushered in by a profuse diuresis of very pale water.

Physical examination.—The physical signs in this case may all be summed up under two heads: first, abnormal conditions of respiratory murmur; secondly, certain tube-sounds. The respiratory murmur deviates from the natural condition in three respects: first, it varies greatly in force and clearness in different parts of the chest, from almost complete suppression to a strongly compensatory or puerile exaggeration; secondly, this inequality has a *patchy* distribution; and thirdly, in certain parts the respiratory murmur has a character which I define as a "want of definition"; it does not begin or end sharp, but gradually fades off at each end; especially is the termination of inspiration ill-defined. Moreover, the respiratory sounds seem in arrears of the respiratory movement. The tube-sounds are dry and of high pitch.

What is the explanation of the peculiarities of the respiratory murmur in this case? I should like to bring this thoroughly within your comprehension, for when you understand the method of production and meaning of these peculiarities, and only then, will they become instructive to you, and, by being suggestive of their cause, at once assume a diagnostic value. You see they are four in number: first, inequality of respiratory murmur; secondly, patchiness of this inequality; thirdly, want of definition; and fourthly, air movement in arrears of chest-wall movement. Now I believe all these abnormal conditions are due to one single cause—impeded access of air to certain portions of the pulmonary tissue; and this is the inevitable result of that which is the essential condition of asthma—bronchial spasm. Wherever bronchial spasm exists, the air must be more or less shut off from the pulmonary tissue; and where the air is shut off from the pulmonary tissue, the respiratory sounds will be modified in the way that I have described. Without going into the question of the exact seat and mechanism of the respiratory murmur, I may say that it is caused by the air-tide in the recesses of the lung-structures, and that its force is proportioned to the force of that air-tide. Anything, therefore, that cuts off the supply of air necessarily diminishes the sound which the movement of the air generates; and you have only to cut off the air completely to produce a total suppression of all respiratory sound. The degree of suppression of the breath-sound thus becomes a measure of the amount of bronchial spasm. And as the degree of suppression of the respiratory murmur shows the *amount* of bronchial spasm in that situation, so its locality shows the *seat* of the spasm, and what tubes are affected and what are not. Thus a patchy distribution of respiratory murmur shows a patchy distribution of bronchial spasm. And since in the lobules corresponding to the constricted tubes little or no air can enter, and no inflation take place, the neighbouring lobules, to which the access of air is free, undergo, in obedience to the inspiratory enlargement of the thoracic cavity, a compensatory distension, and thus become the seat of compensatory or puerile breathing. Thus you may have at one spot a complete absence of all respiratory sound, and in immediate contiguity a strong suction in-draught—the highest type of puerile respiration. The want of sharpness of definition of the respiratory murmur, and the postponement of breath-sound in relation to chest-wall movement, both arise from the fact that bronchial narrowing prevents that free and immediate correspondence between air-supply and the respiratory variations of the chest's capacity that exists as long as the tubes are patulous. As long as this is the case—that is, as long as the air-tubes are free and patulous,—the slightest diminution of tension of the intra-thoracic air, produced by the commencement of inspiratory movement, instantaneously develops a free in-rush—so instantaneously, that the sound to which this in-rush gives rise appears to coincide exactly with the thoracic movement that has caused it. The instant respiratory movement commences, the breath-sound starts sharp, continues evenly as long as the movement lasts, and ends sharp with it. When, however, the air-tubes are narrowed, this immediate and free air-supply, in obedience to the diminished intra-thoracic air-tension, cannot take place; the diminution of air-tension therefore accumulates. As the enlargement of the chest proceeds, the air within it, not receiving accessions proportionate to the enlargement, becomes more and more rarefied, and not until this rarefaction is considerably developed does the want of balance between the inner and the outer air generate a current sufficiently strong to supply, through the constricted tubes, air enough for the development of the respiratory murmur. Moreover, when the respiratory movement ceases, the air in the recesses of the lungs, owing to this niggard supply from without, is still in a state of *minus*-tension; and thus the inspiratory tide, and with it the respiratory sound, continues after the chest-wall has ceased to move. Thus the respiratory murmur both starts and ends in arrears of the commencement and cessation of respiratory movement. And since the inspiratory in-rush rises gradually as the rarefaction of the intra-thoracic air accumulates, and subsides gradually as the tension-balance is gradually restored, so the commencement and ending of the sound are both gradual—shaded off, as it were, and not sharp, as in health.

I think I have now explained to you the *rationale* of all those peculiarities of the respiratory murmur which we find in this case, and which we find more or less in all cases of asthma. I hope I have made myself intelligible, and that you see clearly how these abnormalities of breath-sound point, when understood, to the bronchial narrowing which causes them.

Let me, before leaving this subject of the effects of bronchial stricture on the respiratory murmur, take the opportunity of giving you a warning that may save you from falling into an error into which I have fallen in times past, and have seen many others fall. You see, from what I have told you, that the effect of asthma is to destroy the respiratory murmur. Another effect is to produce great immobility of chest-wall; and another, by keeping the chest in the inspiration state, to produce also considerable drumminess of percussion—often the more marked because asthmatics are so often thin. Now, these three points—loss of respiratory murmur, immobility of chest-wall, and hyper-resonance of percussion—are the three most characteristic signs of emphysema. Hence it comes to pass that many an asthmatic, whose attack has not completely passed off, is credited with emphysema on the strength of signs that really depend on bronchial spasm. I have seen this happen again and again. The first thing that woke my mind up to this source of fallacy was finding patients, in whom I had discovered, and taken note of, no end of emphysema, come back to me in a day or two with every trace of emphysema gone, and good respiratory murmur everywhere. Now this, I felt, could not be; emphysema is a condition that admits of no cure: once emphysematous, always emphysematous. And I afterwards found that the cases which presented this appearance of fugitive emphysema were cases in which the asthmatic state had not completely passed off at my first examination of them, but had done so subsequently. I have many a time had patients sent to me by medical friends who had carefully described the amount and distribution of emphysema, of which, when I came to examine them, there was not a trace; and I have no doubt their source of fallacy was the same as mine. I make a point, therefore, now of never pronouncing as to the extent or existence of emphysema, unless every trace of asthma has passed off; and even then I am very chary of expressing a positive opinion at a first interview. It is wonderful to see how the cure of the asthma clears away the apparent emphysema, and reinstates the respiratory murmur where previously it had not existed. I believe this is the true explanation of the apparent improvement in emphysematous lungs: that which was due to asthma, or mucous blockage, goes; the real emphysema remains.

(To be continued.)

Lectures

INTRODUCTORY TO THE STUDY OF DISEASES OF THE SKIN.

BY DR. McCALL ANDERSON,

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LECTURE IV.

GENTLEMEN,—It is unnecessary to enter into details with regard to the use of *caustics*, as their selection and application must be regulated, for the most part, by the same rules as have been so well laid down in surgical works; but a few illustrations of their special use in certain diseases of the skin may be given. Let me warn you against the use of *arsenical caustics*, especially if a considerable extent of surface has to be acted upon, for the danger of their absorption to such an extent as to give rise to symptoms of arsenical poisoning is by no means remote; indeed, many cases have been recorded—most of them, I am glad to say, in the hands of illiterate persons—in which a fatal issue has resulted in this way. It is right to add, however, that in some cases of epithelioma, associated with ulceration of small extent, I have sometimes succeeded in healing up the ulcers by painting them daily with *Fowler's solution*—taking care, however, that not more than from ten to twenty drops of the solution are used on each occasion.

In cases of chronic eczema associated with very marked infiltration of the skin, and when the eruption is not very extensive, the application of a solution of *potassa fusa*, in the proportion of one drachm to two of water, as recommended by Hebra, is of great value. The affected part is painted with this solution with the aid of a large brush, after which the patient is directed to dip the hand or a piece of flannel in water and to rub the skin until a lather is produced. Cold-water dressings are then applied, changed frequently, and continued till the effect of the first application has passed off. It may be repeated as often as necessary until the infiltration of the skin has been moderated or removed, after which the cure may be accelerated by the substitution of some other remedy, such as one of the empyreumatic oils.

One of the most useful of the local applications in cases of lupus vulgaris is the *solid nitrate of silver*, if it is energetically applied. A pointed piece of caustic is made to penetrate the lupous deposit so as to destroy it completely, and to reach the healthy tissue beneath; after which no dressing is required, as the black crust which forms is sufficient protection from the air. When the crust falls or is removed, the caustic may be reapplied, and the treatment continued until all trace of lupous deposit has disappeared.

We are indebted to Mr. Higginbottom, of Nottingham, for the introduction of the use of a *concentrated solution of nitrate of silver* in the treatment of erysipelas. The affected surface is washed with soap and warm water, in case the skin should be oily; and afterwards with warm water, to remove all traces of soap (which would decompose the caustic), and dried with a soft towel. A solution of nitrate of silver, in the proportion of a scruple to a drachm of water, is painted over the affected skin and about an inch beyond the limits of the inflammation, and allowed to dry. If, on the following day, any part is not blackened, thus showing that it has escaped the action of the caustic, the solution must be reapplied to that part; and if the inflammation has a tendency to invade new surfaces, these must in turn be attacked. If blisters form as the result of the caustic application, they need not be interfered with; but if they are the result of the erysipelatous inflammation, they should be opened and the solution lightly applied to the abraded surface. It is scarcely necessary to add that if the scalp is implicated the head should be shaved, as a preliminary to the subsequent treatment. Should the scalp be too sensitive to permit of this, the hair must be removed as thoroughly as possible with a pair of scissors. The extent of the inflammation upon the head can often only be detected by the occurrence of pain, and pitting on pressure.

It sometimes happens that parts affected with lupus are attacked by erysipelas, and when the inflammation subsides the lupus is very much improved, and accordingly it has been recommended by Hardy to apply a thin layer of a *strong ointment of red iodide of mercury*, in the proportion of equal parts of the mercurial and of lard, in cases of lupus vulgaris,—to excite an artificial erysipelas, in fact. This treatment, which may be repeated when the inflammation resulting from the previous application has subsided, is often followed by marked improvement,—but it is a painful process.

Another method of treating cases of lupus vulgaris is by destroying the deposit by means of the *actual cautery*, and I now show you the instruments which I use for the purpose (see Figs. 1, 2, 3, 4 and 5), which were recommended to me

FIGS. 1, 2, 3, 4, 5.

Size 3/7ths.

by my friend Mr. Jonathan Hutchinson. Patients who have been treated in this way do not seem to suffer nearly so much as from the use of caustics; but, on the whole, I am inclined to think that the deposit is more likely to recur than after the use of nitrate of silver.

In the treatment of obstinate circumscribed eruptions, *blisters* are often of great value; but then they must be applied *over* the affected part, not in the vicinity of it; that is to say, they are of no use as counter-irritants. Indeed, the only effect, if any, of their application in the vicinity of an eruption is to favour the development of a similar eruption on the blistered surface. This is especially true of the eczematous group of skin diseases.

The affected part may be readily blistered by painting it with a solution of a drachm of corrosive sublimate in an ounce of spirit: it is a painful process, however, and the danger of salivation is by no means slight; so that, if used at all, it should be restricted to very circumscribed, obstinate, syphilitic patches. For blistering purposes I generally employ Smith's "emplastrum cantharadinis liquidum," the directions for the use of which are indicated upon the bottle. The treatment of indolent ulcers by means of blisters, as first recommended by Mr. Syme, is so well known, and so thoroughly appreciated, that I need not dwell upon it. It is not so well known, however, that good

results are not unfrequently obtained in cases of lupus erythematodes and lupus non-exedens, especially in the former; but then the blistering requires to be frequently repeated. In alopecia areata I know no remedy which is so likely to prove successful as the long-continued use of blisters, while the same treatment is sometimes effectual, though not so generally indicated, in cases of tinea tonsurans (ringworm of the head). The following case illustrates the value of this treatment where we have to deal with obstinate circumscribed patches of eczema. A woman, well advanced in years, came to the Glasgow Dispensary for Skin Diseases on account of an eczematous eruption of old standing, which covered the palmar surface of each hand; she had likewise a tendency to eczema of the leg. The eruption on the palms assumed that form which I have described under the name of eczema rimosum, the fissures being very numerous and deep, and the infiltration of the skin considerable. She complained of itching and of pain; but the latter, on account of the fissures, predominated. Owing to the stiffness and pain, the hands were kept constantly in a half-closed position, and she was unable to use them. The effect of a single blister was astonishing. The eruption disappeared completely, and the patient returned with joy depicted on her countenance, not unmingled with pride, and opened and closed her hands with perfect facility.

Where the disease is obstinate, but too extensive to be blistered at one time—in cases of alopecia areata implicating the whole of the head, for example,—the part may be attacked piecemeal, or an ointment containing cantharides may be used instead, as in the following prescription: powdered cantharides, two drachms; prepared lard, one ounce; red iodide of mercury ointment, on ounce. Melt a little, and paint the part as firmly as possible, short of causing pain or vesication, night and morning.

Iodine is chiefly valuable in the treatment of strumous affections of the skin. The use of the tincture and ointment in cases of strumous ulcer and strumous enlargement of glands is too well known to need description, so that it will be enough to give one or two illustrations of the value of this remedy in other affections. In cases of lupus, especially of lupus erythematodes, the long-continued use of a concentrated solution of iodine and iodide of potassium may effect a cure. The following is the formula which I generally employ: iodine and iodide of potassium, of each half an ounce; glycerine (Price's), one drachm. Paint the part, and repeat daily till a thick red skin forms, or till the application becomes painful; then omit till the effect of the previous applications has passed off.

Again, in cases of tinea tonsurans (ringworm of the head) the following combination of iodine and tar, as recommended by Mr. Coster, has often a good effect, although in very strumous subjects it may lead to suppurative inflammation, and must then be abandoned: pure iodine, two drachms; oil of tar (specific gravity 853), one ounce. (The iodine and oil of tar should be gradually and carefully mixed, otherwise a considerable amount of heat will be generated and the iodine dissipated.) "In the course of a week or ten days," writes Mr. Coster, "the scarfskin separates, and generally leaves a healthy surface beneath. I usually find that one application is sufficient to effect a cure where the disease is recent; but if it be very chronic or of several months' duration, it needs to be repeated perhaps three or four times."*

There is a class of remedies denominated *parasiticides*, from the power which they are supposed to possess of destroying the animal and vegetable parasites which attack the skin. With regard to the first, there is a long list of remedies from which we may select. It is altogether out of the question, however, to enter fully into this subject; so that one or two illustrations must suffice. These are selected either on account of their being well-known and well-tried remedies, or on account of their not being in common use, although equally valuable.

In cases of phtheiriasis (the disease due to the presence of lice), one of the best of all remedies, because one of the cleanliest, safest, and most effectual, is a lotion of corrosive sublimate, such as I have indicated in speaking of mercurial preparations. When the lice attack the body (phtheiriasis corporis), I often prefer an ointment of staphisagria, of which the following is the formula:—Powder of staphisagria, one ounce; lard, three ounces: digest for three hours, and strain.

In the treatment of scabies, as before remarked, the worst, but at the same time most universally employed, remedy, is sulphur, and one, accordingly, which may with advantage be laid aside; for, although it kills the acari, it irritates the skin, and thus tends to aggravate the artificial eruptions. I very much prefer, therefore, sponging the whole body night and morning with a solution of chlorate of lime, as recommended by Dr. Christison, or anointing it every night for three successive nights with an ointment of styrax, of which the following is the formula:—Liquid styrax, one ounce; lard, two ounces: melt, and strain. Or Schultze's modification of Pastau's prescription for a liniment, which is the following:—Liquid styrax, one ounce; rectified spirit, two drachms; olive oil, one drachm. This is enough for one patient. The styrax not only kills the acari as effectually as the sulphur, but also, instead of aggravating, soothes and favours the removal of the eruption called forth by the scratching.

There is much difference of opinion as to whether the so-called vegetable parasites—those local remedies which are used in cases of skin disease dependent upon fungous growths—are really parasiticides, or do good merely in virtue of their stimulating action; and without offering any decided opinion upon this point, I think that there can be little doubt that their stimulating qualities have something to do with the good result. Most of these have been already alluded to under other sections, such as sulphur, mercurial preparations, and empyreumatic oils and their derivatives. It may be well, however, to mention two others of proved utility, and more recently introduced—namely, sulphurous acid and the hyposulphite of soda. The first may be used pure, or diluted with water; the second dissolved in water in the proportion of from half a drachm to a drachm to the ounce. The affected parts, after the removal of epithelial débris, &c., should be sponged with these two or three times a day.

It must never be forgotten that when vegetable parasitic skin diseases implicate hairy parts, and when the hairs are attacked, we are unable to reach the fungous matter which lies imbedded in their roots, and, accordingly, epilation must generally be superadded. Indeed, as far as my experience goes, it is quite essential in the treatment of tinea sycosis (ringworm of the beard) and of tinea favosa when the hairy parts are attacked.

The accompanying woodcut illustrates the kind of instrument which should be used for the purpose. The forceps should be about three inches long, and should be made so that the two extremities come together very exactly, and do not slide the one upon the other. Each extremity should be furnished in the inside with denticulations, after the manner of a file, and these should be very fine, else the brittle hair may be cut across by them. The forceps should not have a strong spring, otherwise the hand soon becomes fatigued in using them. It is necessary to avoid extracting the hairs except in the direction of their axes, else they are very apt to break; and not more than half a dozen hairs at the most should be seized at one time, and even these must be in close proximity to one another. It is advisable, too, to clean the points of the forceps often, for the débris which accumulates between the denticulations is apt to cause the forceps to slip when the hair is grasped. The pain of epilation may be diminished by rubbing oil of cade into the parts night and morning, as suggested by Bazin (which, at the same time, acts the part of a parasiticide); but, for my part, I prefer to keep them constantly lubricated with almond oil, which not only diminishes the pain, but also causes the hair to grow more healthily, and renders it less likely to break. After one complete epilation, the treatment should be stopped for a week or so, after which partial epilations may be required

* A Practical and Theoretical Treatise on the Diseases of the Skin. By George Naylor, F.R.C.S. Page 123. London: Churchill. 1866.

at those parts—namely, where the disease reappears owing to the roots not having been completely removed.

It seems unnecessary, as recommended by some, to destroy the clothing of a patient affected with a parasitic skin disease, although it may sometimes be the most convenient method of removing sources of reinfection,—in the case of the lining of bonnets, for example, when patients are labouring under ringworm of the head. But if we wish to insure the non-recurrence of the disease—in cases of scabies, for instance—it is necessary to disinfect the clothing, which can be done in a variety of ways, such as steeping it in boiling water, or exposing it to the fumes of sulphur, or to the influence of very hot air.

Address

DELIVERED AT THE ANNUAL MEETING
OF THE
MEDICAL TEACHERS' ASSOCIATION,
January 21st, 1870,

BY WM. ALLEN MILLER, M.D., F.R.S., PRESIDENT.

DR. MILLER gave a brief *résumé* of the work done by the Association during the two years of its existence, and then continued as follows:—

There is no doubt, to use the words of our report last year, that it is "essential to any improved system of medical education, that the conditions of mere minimum admissibility to the Medical Register, both as regards examination itself, and as regards proofs of previous study, should not, as now, be different at different examining boards, and be in a great degree variable at their separate option; but should be fixed from time to time by the general educational authority in one common code of regulations."

Whether the fusion of the different licensing boards into one is exactly the method to be adopted may admit of very serious doubt. The main difficulty in dealing with this question, disguise it how we may, lies in the monopoly of licensing at present vested in the medical corporations, and in the direct pecuniary interest which they have in maintaining that monopoly. No fewer than nineteen corporations can, by training and examination of very unequal degrees of merit and severity, give a title of admission to the Medical Register. I think there can be no doubt in the mind of any person who has dispassionately considered the subject, that if this pecuniary interest ceased to exist, there would be no longer any very serious difficulty in framing a measure which would deal thoroughly and satisfactorily with the question.

Let the sums now paid to the corporations by candidates for the ordinary licence to practise be paid into a common chest; let the examiners be selected by the Central Board or Medical Council, entirely irrespective of their position as members of any corporation, but solely on account of their eminence in particular departments of science or of practice, and their fitness for the discharge of their special duties as examiners; let them be elected year by year, and let them be re-eligible annually for a fixed period (say four or five years) and no longer; let the actual practice of teaching be regarded as no bar to the selection of examiners, but rather as a recommendation, inasmuch as they will know from experience both the capacities of the average class of candidates and the difficulties which they have to encounter; and let the examinations combine both the scientific and the practical element, in the way already insisted upon by this Association,—and we shall no longer have complaints that exploded systems and antiquated notions are enforced upon candidates by examiners who are unqualified for their duties. The success of the measure will depend entirely upon the constitution of the Board of Examiners, and the scheme of examination laid down for their guidance. It is almost needless to insist on the fact that no permanent body of examiners, who elect themselves as vacancies arise, can satisfactorily perform these duties. It is notorious that such a body falls into stereotyped habits of procedure, and lacks the freshness and energy which can only be infused by changes made from without, and at intervals not distant, but not too frequently recurring, the necessary stability being given by changing a part only of the body year by year.

The central body should, however, not only fix the different branches of study which are to be pursued by the pupil as a preparation for practice, and in *each* of which they will arrange that he shall be examined; they should further define clearly the portions of each subject upon which the examination shall be directed, the syllabus or programme of subjects thus included being carefully revised at suitable intervals.

But it may be worth while to consider a little more in detail how such a system of examination might be practically carried out. It would be necessary that, for each of the three divisions of the kingdom, an examining board should be constituted. It would be a great mistake to exclude from such a board all who have the great advantage, from intimate personal acquaintance, of knowing the difficulties of students, merely because they are engaged in teaching, and may frequently be required to examine candidates to whose training they have themselves contributed. It is, indeed, inseparable from our human nature to think more highly of those who, in their answers, reflect the image of our own views and opinions; which, of course, constitute our standard of truth or error. But this disadvantage may to a great extent be corrected by having a sufficiently numerous board, which shall include examiners from various schools; and in the selection of the members of such a board this point ought never to be overlooked, provided that the desire of bringing in examiners who are members of different educational establishments be not permitted to exclude men of remarkable fitness whose services it might be desirable to secure.

As a point of detail, it may be worthy of consideration whether in the conduct of the written examination it would not be advantageous to adopt the plan uniformly pursued by the Civil Service Commissioners, where the candidate, instead of signing his name, merely attaches his number on the register to the paper. No inconvenience could arise from such a method; and in this way all suspicion of bias or possible partiality would be done away with.

In order to secure the services of examiners who are not necessarily resident in the three metropolitan cities, it would be needful to fix definite and limited periods for holding the examinations. Assuming that some system of progressive examinations, analogous to that already proposed, be adopted, these examinations would readily be so arranged that they should follow in due course, without interfering with each other. Part only of the board would be engaged with each subdivision. Such divisional examination would be conducted by particular examiners, selected on account of their special acquaintance with the subject, while one or two others might usefully be joined with them as assessors. Probably a staff of about twenty examiners upon each board would be required. Their salaries would be fixed. They would bear a certain relation to the number of candidates who offer themselves, without being *dependent* upon the number, and without in any way being affected by the numbers passed.

There can be no doubt that some difficulty would be experienced at first in providing for the clinical examination of so large a number of candidates. That the thing can be done for a moderate number has been proved by the experience of the University of London; and the object to be attained is of such real importance that the necessary arrangements would be no doubt eventually made.

The expenses of conducting the examination on the plan of three co-ordinate boards acting under the central authority could be defrayed by the fees received from candidates, so that no difficulty due to want of funds need be apprehended.

It must be remembered that this scheme is directed simply to ensuring a more uniform standard in the minimum qualification to be attained by everyone before he enters upon general practice.

It is now very usual to publish the question papers which

are set at the examination upon such occasions—a practice which, although it has its advantages, is not without some objections. One of these is that it appears to have a tendency, on the whole, to render the style of examination unduly difficult, as the examiner may feel tempted, in some cases, to display his own skill in constructing questions, rather than consider how best he may arrive at a fair knowledge of the candidate's acquirements. Another objection is that it tends to favour the system of grinding and cramming, against which, however, no plan of examination is completely proof.

In considering the various points just passed in review, it should be remembered that a uniform pass standard would still leave the corporations, and the different universities, free scope in fixing any higher standard of qualification for their degrees, or other honorary distinctions.

But it is time to advert to one or two matters of detail, which it will depend upon ourselves to carry into action, if it be judged needful. Taking a broad view of the whole Report of the Association, it will be seen that, in these recommendations, it has not been unmindful of the necessity of stimulating the teachers as well as the taught. The plan of certifying the fitness of each candidate for examination, and the publication of the number of successful and unsuccessful candidates which are sent up by each school, cannot fail, if adopted, to exercise a most wholesome influence upon the style of teaching, and upon the pains taken in the preparation of candidates at the institutions where they are trained.

Nothing would conduce more to the attainment of these desirable objects than the systematic introduction of examinations into the lectures. Some teachers are in the habit of first lecturing for three quarters of an hour to their class, and of then recapitulating the instruction thus given by a *viva voce* examination of ten minutes or a quarter of an hour's duration at the close. Others find it convenient to substitute an examination for every sixth or seventh lecture; and, in such case, much advantage is often found to attend the practice of employing *viva voce* and written examinations alternately, classifying the papers sent in on those occasions broadly into three or four subdivisions, in each of which the names of the writers are simply arranged in alphabetical order. It would add much to the value of the examination if errors were underlined, or marked in the margin, and the papers returned to those who felt sufficient interest in the subject to go over those points afterwards, either by themselves or in conversation with the teacher. The revision of such papers, where no very exact classification by merit is needed, is soon accomplished. For many years past it has been the practice of myself, and of some of my colleagues in the school to which I belong, to award certificates of special diligence at the close of the session to those students who most distinguish themselves at these written examinations.

It would probably not be desirable to lay down any uniform rule upon which all such examinations should be conducted. A method which may be well adapted to one branch of study may not be equally suited to another; so that modifications in detail may be both judicious and necessary. Still some system of frequent examination appears to me to be loudly called for as a part of our ordinary means of instruction. Without it, no teacher can really measure the intellectual capacity of his several hearers, nor can he ascertain whether he has succeeded in making himself understood. The plan, too, has the incidental, but by no means unimportant, advantage of bringing him into personal relation with many whom he would not otherwise reach; and, by giving him a knowledge of the weak parts of his teaching, it may be of no small service to himself in pointing out defects in his own manner of imparting instruction, which he would otherwise not have discovered.

Those who have not been in the habit of examining *viva voce*, as an integral part of their method of teaching, may not unnaturally object to it when applied to a large class, as being calculated to reach but a small number of the students who are present. This, however, will depend entirely upon the mode in which the examination is conducted. If properly managed, it will afford an opportunity of recapitulating a subject to the entire class, often with details of a more explanatory character, and in forms more familiar, than those which are easily admitted in the more precise language which befits the systematic statement of the subject. Moreover, if skilfully conducted, the whole class may be interested and stimulated; for even the apathetic and indolent may be thus reached and roused. In certain cases a question which the particular person under examination may be unable to answer, will, if put generally to the class, awaken the minds of most, and thus cause many to participate in an exercise which may appear calculated to reach but a small number. Care, too, must be taken not to follow a strictly alphabetical order in questioning; otherwise the idlers will presume upon immunity, and will neglect to prepare themselves.

Still but a limited number can be reached each day. *Viva voce* examinations are therefore defective, unless combined with written ones. And in order to reap the full benefit of these, due and sufficiently early notice of the subjects of the examination should be given to the class. For some days the student will thus be enabled to direct his reading to a definite object. The habit of reducing his ideas to writing will gradually enable him to acquire the power of precise and succinct expression, or at any rate will put him upon a course which will reveal to him his deficiencies in these respects, and can scarcely fail to develop more or less of a power useful to him through life, though he may at the time chiefly consider it of importance as enabling him to prepare himself for the examinations, to the passing of which he is looking forward as the means of acquiring his diploma.

It is true that, do what we will, those who most need aid are those who are generally least disposed to avail themselves of it; but many amongst those who are undecided, and wanting support, will find in such a system just that stimulus which will save them from idleness, and from a wasted career.

Another point on which reform is sorely needed is an improvement in the method of occupying the students in the clinical work of the hospital. This subject received the careful consideration of your Council last year, and a resolution was passed stating the opinion of the Association that it was expedient that every student should be required to act alternately in the medical and surgical wards or out-patients' rooms, as clinical clerk, dresser, or member of a class receiving special clinical instruction, during the whole time between his second and final examinations, the time given to medicine and surgery being equal.

It appears to me, however, that what is wanted is something more, for there is at present very little means of ascertaining the fact of the attendance or absence of a student upon the practice of the hospital. It is not to be doubted that this might be amended by an improvement in the mere details of the arrangements adopted.

Suppose that the various students in attendance be subdivided into groups, the number of which shall correspond to the number of physicians and surgeons to the in-patients of the hospital. Let it be required that for three months consecutively, on *two* given days in the week, the attendance of certain students on a particular physician or surgeon will be insisted on, and let each group of students be required to attend in succession each physician or surgeon similarly; a list of students thus specially in attendance being furnished to each medical officer once in three months. Means would thus be afforded to each physician or surgeon of ascertaining whether any student was in attendance or not, whilst full opportunity of seeing all important or particularly interesting cases would be furnished to the pupils themselves.

The requirement of punctuality on the part of the student presupposes that the physician or surgeon sets the example by strict punctuality on his part. Of course, the concurrence of the medical officer himself, and some active exertion on his side, would be needful to render this or any system of checking attendance effectual. The record of actual attendance might be kept by an officer whose special duty it should be, as is now common in ascertaining attendance at lecture.

In addition to these points for consideration, the Association will receive this evening a report which has for its object a proposal by which the supply of anatomical subjects to the schools may be placed on a more satisfactory footing, so that it cannot be said that there is any lack of work in which the energies of the Society can be beneficially employed.

ON

THE OPERATIONS PERFORMED IN THE GENERAL INFIRMARY AT LEEDS,

DURING A PERIOD OF OVER SIXTEEN YEARS, FROM THE END OF NOVEMBER, 1852, TO MAY, 1869;

WITH REMARKS THEREON.

BY THOMAS NUNNELEY, F.R.C.S.E.,

ONE OF THE HONORARY SURGEONS.

QUITE apart from the great temporary interest which has of late been so largely directed to the subject of large hospitals or no hospitals—big wards, where numbers are congregated, or simple cottage rooms, where each patient is isolated or takes his chance with the other members of his family,—the results of operative surgery always have been, and must always continue to be, a subject of the greatest importance, not only to the surgeons immediately concerned in the operations, but to the profession and public at large. Hence the statistics of operations done at different places, and under different circumstances, must always possess an abiding interest, as they form one of the most important sources, if not indeed the most important, whence general principles may be deduced and applied, which never can be superseded, however much our knowledge of surgery may advance. Under proper reservation, and a full knowledge of how far they are applicable, the circumstances under which they are compiled, what is included, and, still more, what is excluded, in them, they become grand landmarks, which must ever be referred to by those who aim at becoming teachers and leaders in the science and practice of surgery.

I may frankly state that I am not one of those who imagine statistics can ever take the place of personal observation, or that, however extended they may be, the results deduced from them can be dogmatically and unhesitatingly applied to the treatment of any individual case, which can only be determined by the peculiar features itself possesses. If they be so used, it is probable harm rather than good will result. But, on the other hand, I feel fully assured that when the results of a large number of cases, which are in all respects alike, or as nearly so as may be, are truly stated, and the larger the number so much the better, they cannot but be of the greatest benefit to the careful surgeon in assisting him, when considering any individual case, to form a correct opinion as to what is the best thing to be done, and how it may best be done. But in order to possess this value, far more of detail must be considered and allowed for than has always been attended to. Mere numbers alone are of very little use. It has been said, and not without some reason, by some very shrewd practical men, that any mortal thing may be proved by statistics. Hence some are disposed wholly to reject reasoning which may be founded on numbers. Now, if all sorts and manner of things are brought together, and from their mere numbers are expected to carry conviction, certainly their rejection is not improper. If because so many operations, for instance, have been performed, and so many deaths and recoveries have followed, this is to be taken as ruling what will follow under every and very diverse circumstance, the inference may be not only utterly valueless, but perhaps absolutely mischievous; and therefore the practical man may be perfectly right in his contempt for what his own experience has shown him to be fallacious. But if as many circumstances and facts as can be observed are noted in each case, and only cases which are as identical as may be, are grouped together, then, if the number be sufficiently large to allow of such small differences between them—for no two cases can ever be absolutely identical—to correct each other, the inferences deduced cannot, I imagine, be otherwise than of the highest practical importance. The more accurate the observer of each individual case, the more valuable will be the general result, and the more reliable will be the whole. Now, while I would not venture to assert that each case included in the tables now given is altogether free from mistake, or that the inferences I have drawn from them are faultless, I believe the first have been recorded under circumstances which are as little likely to lead to intentional error or misstatement as is possible; and I have taken all the care I could do to be correct in the deductions I have thought fairly to be drawn from them.

The records of operations only go back to December, 1852, and I have tabulated them to May, 1869, the time when the old infirmary was closed, after having existed 100 years. The building was erected from the plans of Mr. Carr, a well-known architect, and under the superintendence of that deservedly celebrated engineer, Smeaton, the builder of Eddystone Lighthouse (who was born in the immediate neighbourhood of Leeds). It may therefore be considered as equal to any hospital of that date. It had undergone various alterations and additions, but for the period over which these statistics range it had not undergone any change, and the number of patients admitted, with their circumstances, condition, and occupations, was, so far as is possible, identical; so that here we have an important element, for there can be no doubt it is an important element in such calculations, to start with. The record was kept by the resident house-surgeon for the time being; and as he was responsible to the whole staff for its accuracy, there is no doubt, as there could be no temptation for its being otherwise, that it is substantially so. It is possible that some few of the larger operations may have been accidentally omitted, and it is certain that different house-surgeons somewhat differed in the fulness of their records of the smaller operations, such, for instance, as the removal of the smaller tumours, plastic operations, nævi, fistulæ, and such like; but still this only affects the number and lessens it, but I believe it in no degree affects the comparative result. No cases treated as out-patients were entered, and this again materially diminishes the number of the smaller operations, but of course it does not affect that of the greater and, to our present purpose, important ones.

It is much to be wished that a careful record of every serious accident admitted had been kept, and the result, whether operated upon or not, had been carefully noted; we should then, had the details been well observed, have had the means of making a comparison of the results between those cases which were treated without operation (conservative surgery) and those operated upon. I fancy such a record is hardly to be found, in an accessible form, in any large hospital; and yet it would possess the highest interest and value, provided it were well and faithfully done. Thus many compound fractures into joints, smashed limbs, and the like, are at once amputated by some surgeons, which are attempted, and often successfully, to be saved by others; many cases of fractured and depressed skull are treated by trephining by some surgeons, which by others are let alone; and so on with other injuries. Now, if we only had a record of a large number of such injuries, in which details of the amount of force used in causing the mischief, the exact extent of it, the age of the patient, the amount of shock immediately on the receipt of the accident, and its duration, the loss of blood, the injury to other parts, his habits of life, and such other details as have an influence over the result, more than one important unsettled question in surgery would receive elucidation.

I will now give the tables, and afterwards add such deductions and comments as I think may be fairly made upon them.

AMPUTATIONS.

The total number of amputations was 660. Of these, there were — of the upper extremity, 285; of the lower extremity, 375.

Upper Extremity.

Of the whole number, 285 amputations of the upper extremity, 7¼ recovered to 1 death.

Of the 285 upper extremity operations, 233 were primary and 52 pathological, or 4½ primary to 1 pathological.

Of the 233 *primary* upper extremity amputations, 200 recovered and 33 died, being fully 6 recoveries to 1 death. Of these primary amputations, there were—

Of the hand	...	...	102,	of which	99	recovered,	and	3 died
„ forearm	...	60	„		56	„	„	4 „
„ arm	...	...	62	„	40	„	„	22 „
„ shoulder-joint			9	„	5	„	„	4 „

being equal, of the hand to 34 recoveries to 1 death; of the

forearm, 15 recoveries to 1 death; of the arm, 2 recoveries to 1 death; at the shoulder-joint, 1½ recoveries to 1 death.

The average age of the patients subjected to primary amputation of the upper extremity was: of the hand, 21 years; of the forearm, 26; of the arm, 31; of the shoulder, 36 years.

The average age of recoveries and deaths in primary amputations of the upper extremity was—

	Years.		Years.
Of the 99 recoveries of the hand,	20;	of the 3 deaths,	48
„ 56 „ forearm,	25½;	„ 4 „	29
„ 40 „ arm,	23;	„ 22 „	44
„ 5 „ shoulder-joint,	36;	„ 4 „	36

Of the forearm amputations, one was a double amputation just below the elbow-joint, both arms having been dreadfully lacerated in a flax mill by a large carding machine; the woman, aged 38, recovered well.

Of the 52 *pathological* amputations of the upper extremity, 47 recovered and 5 died; being nearly equal to 10 recoveries to 1 death. Of these were—

Of the hand ...	9;	all of which recovered.	
„ forearm,	21;	of which 18 recovered,	3 died.
„ arm,	20;	„ 19 „	1 „
„ shoulder,	2;	„ 1 „	1 „
	52	47	5

The average age of the upper-extremity pathological amputations was—of the hand, 31½ years; of the forearm, 37½ years; of the arm, 30 years; of the shoulder-joint (only 2 cases), 23 years.

The average age of recoveries and deaths in the pathological amputations of the upper extremity was—

	Years.		Years.
Of the 9 recoveries of the hand,	31½;	no deaths.	
„ 18 „ forearm,	35;	of the 3 deaths,	44
„ 19 „ arm,	28½;	„ 1 death,	75
„ 1 recovery of the shoulder,	41;	„ 1 „	5

The shoulder of the child was amputated for malignant disease in the head of the humerus. It died from repeated hæmorrhage twelve days after the operation, when the wound was all but healed, and the ligature had been away several days. There was no clot or lymph in the artery, which was quite patulous.

A curious fact may here be noticed, that the age of the patients who underwent pathological amputations of the upper extremity is considerably greater than that of those who underwent corresponding primary amputations. This can hardly be a mere accident.

Lower Extremity.

Of the whole number (375) of lower extremity amputations rather more than 3½ recovered to 1 death.

Of the 375 lower extremity amputations, 122 were primary, and 253 were pathological,—rather more than 2 pathological to each primary.

Of the 122 *primary* amputations of the lower extremity, 71 recovered and 51 died, or rather more than 1½ recoveries to each death. Of these primary amputations there were—

		Recovered.	Died.
Of the foot	23,	of which 21	... 2
„ ankle	3	„ 2	... 1
„ leg	69	„ 41	... 28
„ lower and middle thigh ...	18	„ 5	... 13
„ upper thigh	9	„ 2	... 7
	122	71	51

Being equal, for the foot, to 10½ recoveries to 1 death; of the ankle, 2 recoveries to 1 death; of the leg, 1½ recoveries to 1 death; of the middle and lower thigh, hardly 1 recovery to 2½ deaths; and of the upper thigh, 1 recovery to 2½ deaths.

The average age of recoveries and deaths in primary amputations of the lower extremity was—

Recoveries.			Yrs.	Deaths.	Yrs.
Of the 21 of the foot	23;	of the 2 ...	26		
„ 43 „ ankle and leg	25½;	„ 29 ...	39		
„ 5 „ middle and lower thigh	20;	„ 13 ...	44½		
„ 2 „ upper thigh	6½;	„ 7 ...	26		

Of the 253 *pathological* amputations of the lower extremity, 210 recovered, and 43 died, being equal to 5 recoveries to 1 death. Of these there were—

Of the foot	45;	of which 40 recovered,	5 died.		
„ ankle...	8;	„ 8 „	0 „		
„ leg	99;	„ 84 „	15 „		
„ middle & lower thigh,	90;	„ 70 „	20 „		
„ upper thigh ...	9;	„ 7 „	2 „		
„ hip-joint	2;	„ 1 „	1 „		
	253	210	43		

being equal, for the foot, to 9 recoveries to 1 death; of the ankle, to 8 recoveries to no death; of the leg, of 6 recoveries to 1 death; of the middle and lower thigh, of 4½ recoveries to 1 death; of the upper thigh, 4½ recoveries to 1 death; and of the hip-joint, 1 recovery to 1 death.

The average age of recoveries and deaths in pathological amputations of the lower extremity was—

	Years.		Years.
Of the 39 recoveries of the foot,	23½;	of the 5 deaths,	41
„ 8 „ ankle,	25½;	„ no death.	
„ 84 „ leg,	27;	„ 15 deaths,	36
„ 70 middle & lower thigh,	20½;	„ 20 „	33
„ 7 recoveries of up. thigh,	23½;	„ 2 „	37
„ 1 „ hip-joint,	18;	„ 1 „	28*

It will be noticed that the relative proportions of primary and pathological amputations in the upper and lower extremities is just reversed. In the upper extremity, the number of primary is 233, of pathological only 52; while in the lower extremity the number of primary is only 122, of the pathological it is 253.

EXCISIONS OF JOINTS.

(75 in number.)

Of these, 44 were of the *upper extremity*, of which 11 were primary, and 33 pathological. Of the 11 *primary* excisions, the average age was 24 years. There were 9 recoveries and 2 deaths—4½ recoveries to each death. The average age of the 9 recoveries was 23½ years; of the 2 deaths 37½ years. Of these excisions, 2 were of the wrist, both of which recovered; 9 were of the elbow-joint, of which 7 recovered, and 2 died—3½ recoveries to each death.

Of the *pathological* excisions of the upper extremity there were—Of the hand and wrist, 2, both of which recovered; of the elbow-joint, 26, of which 25 recovered, and 1 died; of the shoulder-joint 5, all of which recovered.

The average age of the 2 hand and wrist was 20 years; no death. Of the 25 elbow-joint, 19½ years; of the 1 death, 30 years. Of the 5 shoulder-joint, 17½; no death.

Of the 31 *lower extremity* excisions, 5 (all of the foot) were primary, and 26 were pathological. Of the 5 *primary* foot excisions, 4 recovered, and 1 died. The average age of the four recoveries was 38; the one death was 34 years old.

Of the *pathological* excisions were—

Of the foot ... 9, of which 8 were cured, and 1 relieved.
„ knee-joint 10, „ 7 „ „ 1 died, and 2 were followed by amputation.
„ hip-joint... 7, of which 6 were cured, and 1 died from a very malignant attack of diphtheria four days after excision.

The average age of the pathological excisions of the lower extremity was—

	Years.		Years.
Of the 8 foot recoveries,	20½;	of the 1 relieved,	9.
„ 7 knee-joint „	18;	„ 1 death,	25.
„ 6 hip-joint „	13;	„ 1 death,	13.

These results of excision of joints, whether primary or pathological, especially of the larger and more important joints, being—even including the 2 knee-joint excisions which were followed by amputation, and both of which then recovered—only 6 deaths out of the 75 operations, contrast very favourably with the corresponding amputations; and, when added to the returns of these amputations, as must in all fairness be done when comparisons are made with the returns of such amputations from other hospitals and pri-

* In this woman, amputation of the middle thigh had been done twelve months previously for long-standing malignant disease in the head of the tibia and patella. At that time she was a mere skeleton, since which she had grown very fat; those large oily fat-cells, not uncommonly found in women having fungoid disease. Lister's aortic clamp was used. Hardly any blood was lost. But great pressure had to be used to close the aorta; this gave her terrible pain, from which and the nausea of the chloroform she never rallied, dying within thirty hours of the operation.

vate practice, will be found materially to reduce the apparent difference between the two returns. Moreover, when it is recollected that in the great majority of these excisions, the patients were left with most excellent limbs, and nearly every one of the remainder with very useful limbs—far excelling any mechanical substitute hitherto contrived,—I cannot but think they go far to show, in properly selected cases, the great superiority of excision of joints over the corresponding limb amputations.

(To be continued.)

CARBOLIC ACID;

ITS THERAPEUTIC POSITION, WITH SPECIAL REFERENCE TO ITS USE IN SEVERE SURGICAL CASES.*

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[IN the introduction of the paper with the title now given the writer stated briefly the modes of obtaining carbolic acid, and its properties and uses. 1st. When taken internally, it is a powerful sedative, and has also been given on account of its antiseptic power. Of its action in the latter respect we have little or no reliable evidence. 2nd. Under the head of its local actions or uses, he showed that it was considered caustic when concentrated; that it is used as a vesicant along with ammonia; that it is anodyne and has its uses as such; that it is much relied upon as a disinfectant; and, lastly, that it is antiseptic; and when discussing this property of the acid, he referred to its alleged great efficacy in severe surgical cases, as a preventive of pyæmia, suppuration, &c.; and concluded by referring to a comparative trial of it which he caused to be made in the surgical wards of the Glasgow Royal Infirmary.]

Antiseptic.—That this property is possessed by carbolic acid is, I think, admitted on all hands; and, if it be not, the experiments conducted under the direction of the commissioners just named are surely sufficient to convince the most sceptical, and to these I beg again to refer them. Its presence in creasote, in wood-smoke, and in tar and its varieties or solutions, I do not need to mention as corroborative of the above.

Upon this property of carbolic acid an attempt has been made to found a plan of treating surgical cases, which has been dignified with the name of "The Antiseptic System," and that most unwarrantably. This name would seem to imply that there was no other antiseptic plan, and that the use of antiseptic substances was now inaugurated for the first time. It is not necessary to say that this is far from being the case; it is only one among many antiseptic modes of dressing, and probably ought to be called *an* antiseptic mode of dressing. But we may without offence adopt a name which has already been often used, and of which certainly I am not the originator. It is called "Lister's method," and we may be allowed to define in what it consists. In doing so, we may find some assistance from what is called the process of diagnosis by exclusion, or by stating in what it does not consist.

The idea of applying substances of an antiseptic nature to wounds dates from the most remote antiquity; but we need not go farther back at present than the story of the Good Samaritan, who poured in oil and wine, and bound up the wounds of him who had fallen among thieves. And allow me here to remark that two better antiseptics could hardly have been selected, if we are entitled to apply the term to oil; as to the wine, this will not be disputed. The same idea forms the *rationale* of many popular applications and medical procedures. The covering of a wound from the air, and especially its protection from the cold, as it is called; the use of certain leaves too numerous to name; the application of resinous matters, such as Venice turpentine and common rosin, and of many other substances, disgusting in themselves, are instances of its popular manifestation. The application, or rather the composition, of adhesive plaster; the use of balsams, such as the famous Riga balsam, or compound tincture of benzoin, called often wound balsam; the employment of gun cotton in its various solvents, as in the form of collodion, and more recently of styptic colloid, as suggested by Dr. Richardson, afford examples of antiseptic applications which were and are in professional favour. And here, were it only to show how apt we are to repeat in medicines, we may note the composition of the last-named application, which is said to be "a compound of ether saturated with tannin, with which gun cotton and tincture of benzoin are mixed." Other examples could be cited, but these may suffice at present.

The defence of a wound, or any open surface, from all sources of irritation, the exclusion of the air, the securing of absolute rest by various plans, have often and often been insisted upon by surgical writers, and, in the case of burns, by one whom we are glad to have still with us, who then advocated the employment of cotton wool. In a work published in 1838, Dr. James M'Cartney, of London, demands attention to the same conditions. He was then well known as an able advocate of "the water dressing," as it has since been called; though he does not set himself forward as the originator of it; he claims only the credit of having introduced it into British practice, and of having propagated it as a teacher. It is curious to notice that he claims for it, however, some of the results now attributed to carbolic acid. He says:—"Water dressing has not only better but very different effects from poultices. It either prevents or diminishes the secretion of pus. A wound may at first yield a little purulent fluid, but in a short time this will be furnished in so small a quantity as hardly to stain the lint. The pus, even from an ulcer, rapidly diminishes under water dressing. I remember a case of a very extensive ulcer of the leg, to which I applied it. The patient pulled off the dressing in the night because, as he said, 'it was stopping the discharge;' he conceiving, like many surgeons, that no open surface could heal without suppurating. Granulations, also, which are rendered exuberant by poultice, are either never formed, or exist in a very slight degree, under water dressing. Instead of the throbbing pain produced by a poultice being excited, all pain is removed by the use of this remedy. A man, in a fight with another, had the nail of his thumb bitten through near the root. The water dressing was applied. A day or two after I met him with a poultice on his thumb. On inquiring why he removed the first dressing, he said, 'there was no use in keeping it on any longer, as it took away all his anguish;' he supposing a poultice the proper application for the cure. In a word, the tendency of water dressing, if it be properly conducted, is to induce the cure of wounds and ulcers, not requiring excitement, by the approximating or modeling process already described."

Like many other surgical writers, however, when writing in praise of his treatment, he has allowed his pen to run probably a little too fast, as he attributes to the water dressing very considerable efficacy in the cure of gunshot wounds, and mentions a number of cases. We find also that Esmarch claims the same results from cold, or the continued abstraction of heat, that M'Cartney does for the water dressing. He says, "*Wounds of all kinds* heal, often rapidly and without suppuration, under the influence of a moderate and continued abstraction of heat." He does not, however, commit himself so incautiously as has been done by others; for he adds, "But let it be understood that I am by no means of opinion that all wounds must absolutely be treated by cold. This would be denying the healing power of nature. I have often enough seen simple and clean-cut wounds healing by the first intention, without anything else having been applied but sutures and a compress or a bandage." He then speaks of cases in which he thinks cold might retard the cure; and in the same page he remarks, "I am also well aware that even very severe wounds heal sometimes in a remarkably short period without the application of cold, when the natural healing process is not interfered with. This is the chief reason of the efficiency, in cases of compound fracture, of firm bandages (starch, plaster-of-Paris, &c.), to which their advocates attribute such great antiphlogistic powers."

The evacuation of large abscesses by a valvular opening, their gradual evacuation, and the careful application of pressure to them, hinge upon the idea of the exclusion of air; and so do some of the instruments which have been

* Paper read before the Medico-Chirurgical Society of Glasgow, Oct. 1st, 1869.

contrived for the operation of tapping in empyema. In fact, the idea pervades the whole of surgery, and no one regards it as anything new. The attempt to convert a compound fracture into a simple one does not belong to any new method; neither is subcutaneous section a novelty. Mr. William Adams calls this the subcutaneous principle, as contradistinguished from the antiseptic.

But probably we have now said enough of what this antiseptic system is not, and we may turn to the other side of the question.

Then what is Lister's method? It consists in—1. The adoption of Pasteur's theory in regard to the existence of certain spores or germs in the air. 2. The assumption that these are injurious, and cause suppuration of a bad kind, which may end in septicæmia. 3. The assertion that when air cannot be excluded from wounds or abscess-cavities, it should be disinfected with carbolic acid.

1. In reference to the first, or Pasteur's theory, it has already been sufficiently discussed before this Society; and I am safe in asserting that it has not been satisfactorily established. It matters little, however, to my argument whether it has or not, as my object is to estimate the value of the practice, now vaunted as a discovery.

2. We are much more concerned with the second position—namely, the assumption that these spores are injurious, and cause suppuration of such a kind as may end in septicæmia or pyæmia. Now this surely means that all the causes of pyæmia are external to the body, and, as a corollary, that we should prevent their entrance. The simplicity of the supposition is quite enchanting; but unfortunately it is a pure assumption, and the probabilities are entirely against its truth. That in abscesses and wounds, both large and small, a peculiar kind of suppuration or decomposition takes place, leading to rapidly fatal results, is too familiar to all of us; and it is true that we are in the habit of regarding the dire effects as attributable to an animal poison, or some potent agent which kills in a way precisely similar. It is a fearful idea—fortunately, for thousands, a baseless theory—that there are formations in nature, and actually floating in the air, which are constantly in readiness to aid the grim king in his onslaughts upon frail humanity. Our human nature shudders at the thought. It certainly is not an "air from heaven;" and may, without hyperbole, be styled a "blast from hell." Let us not ignore the beneficial effects of a pure atmosphere, nor forget that the air we breathe may be subjected to changes, and even to vitiations. But that is not the question here. We are asked to believe, or at least to act upon the belief, that the air is always full of these vicious agents or materials. As sweet Will says, "'Tis too horrible." Nature is here regarded as some murderous hag, some *terribilis noverca*, whose fiendish machinations must be counteracted. She must be entrapped into good behaviour; she is no longer to be trusted. The surgeon who trusts to her, and who leaves a wound—it may be the flap of an amputation—lying open, must be taken up and tried for wilful murder; but if he takes refuge in the plea of ignorance, he may only be found guilty of culpable homicide.

We may be permitted to ask those who support this theory, whether these spores act upon dead as well as upon living animal tissues. I cannot pretend to answer the question myself. If they do act upon dead animal tissues, perhaps those who are familiar with their habits and natural history will be able to tell us why wounds received in dissecting a body long dead are less dangerous that those received in performing a post-mortem examination of one whose death has been recent. Perhaps "coarse fare and carrion" don't please them. Does unopened abscess of the prostate never terminate in pyæmia? Are the spores necessary in the pyæmia which follows extravasation of urine?

3. When air cannot be excluded from wounds or abscess-cavities, it should be disinfected with carbolic acid.—Now it is not my intention to enter upon the causes, real or alleged, of septicæmia, or pyæmia. Everyone will admit that overcrowding in hospitals seems to favour its production. That there must be some, however, whose systems are predisposed to it we may infer from the fact that, even when considered epidemic in wards, there are always a few who do not suffer from it. It is my impression that this prejudicial effect of overcrowding, and the adoption of its most obvious remedy, were the means of leading Mr. Lister into the belief which I, for one, decline at present to accept. The prevalence of pyæmia, in its most destructive form, led him, very properly, to insist that his wards should be cleansed and the number of beds reduced. The effect of this was most beneficial; and the following account of it is given by Mr. Lister himself in a paper read before the meeting of the British Medical Association at Dublin, on Aug. 9th, 1867:—

"There is, however, one point more that I cannot but advert to—namely, the influence of this mode of treatment upon the general healthiness of an hospital. Previously to its introduction, the two large wards in which most of my cases of accident and of operation are treated were among the unhealthiest in the whole surgical division of the Glasgow Royal Infirmary, in consequence, apparently, of those wards being unfavourably placed with reference to the supply of fresh air; and I have felt ashamed, when recording the results of my practice, to have so often to allude to hospital gangrene, or pyæmia. It was interesting, though melancholy, to observe that whenever all, or nearly all, the beds contained cases with open sores, these grievous complications were pretty sure to show themselves; so that I came to welcome simple fractures, though in themselves of little interest either to myself or to the students, because their presence diminished the proportion of open sores among the patients. But since the antiseptic treatment has been brought into full operation, and wounds and abscesses no longer poison the atmosphere with putrid exhalations; my wards, though in other respects under precisely the same circumstances as before, have completely changed their character, so that during the last nine months not a single instance of pyæmia, hospital gangrene, or erysipelas, has occurred in them. As there appears to be no doubt regarding the cause of this change, the importance of the fact can hardly be exaggerated."

In another contribution on the same subject (THE LANCET, Sept. 30th, 1867) Mr. Lister expresses himself in the following terms:—"In suppurations of the vertebræ or of the joints, the results of this system are such as I ventured with trembling hope to anticipate, patient perseverance being rewarded by a spontaneous cure in cases where excision, amputation, or death must have resulted from any other known system of treatment. In short, the element of incurability has been eliminated from caries."

Most surgeons, I venture to affirm, would have referred the beneficial change here noted to the diminution of the overcrowding, and the cleansing operations. It is rather amusing, at the present time, to find Mr. Syme doing this, in a letter to THE LANCET of last Saturday's date,* upon the "Vindication of Hospitals." In this he says: "As the new hospital† was intended for only two surgeons, of whom Mr. Liston was one, the requisite accommodation for my department necessarily crowded the wards beyond their proper complement, and the effect of this was very soon seen in the frequency of erysipelas, pyæmia, and unhealthy ulceration. Before long the state of matters became so bad that I felt constrained to decline the responsibility of treating patients under such adverse circumstances, and the managers having then requested me to state what I thought should be done, I advised the hospital to be evacuated for several weeks, and when re-occupied to have only two-thirds of the patients previously admitted. This had the desired effect, and for many years, with some slight occasional exceptions, the hospital remained in a healthy condition." Many, I hope most, surgeons will hold this to be the true solution. Further on in the same letter, with pardonable family pride, our venerable and respected friend alludes to Lister's plan as "rendering any noxious emanation impossible, and converting into perfectly healthy wards those that were previously hotbeds of disease;" and follows this up with some other remarks of a similar tendency, evidently meant as thrusts at Sir J. Y. Simpson's ideas on hospitalism, though he does not condescend to name the talented baronet.

Previous to this thinning of the wards we heard much of the great efficacy of the sulphite of potash in the prevention of pyæmia; but as it did not happen to be employed at this favourable time, the reliance upon it disappeared; it lost caste, and was displaced to make room for the favourite new antiseptic. All hospital surgeons are aware that pyæmia prevails more at certain times than at others, and carbolic acid, having been tried at a period when the wards

* The 25th of October last.

† 1833 was the date when the hospital was new.

had got rid of this pest, was immediately proclaimed as a discovery, and, what is more, as an original discovery, though it is quite certain, as conclusively shown by Sir J. Y. Simpson, that this agent had been extensively tried on the continent, and had fallen into disuse. This may be said to be of little consequence if what has been said of carbolic acid can be made good. If so, it will prove one of the greatest boons, and we may be content to sink the question of originality, and cordially to join in the praises of its proposer. It is curious to note the position of the two great Edinburgh professors in reference to the prevention of pyæmia; the one upholding acupressure, the other carbolic acid.

In regard to those large and formidable abscesses which we term psoas or lumbar, are we to believe that caries of the vertebræ heals in consequence of the application of a little carbolic acid to a part of the body eighteen or twenty-four inches distant? It is well known that psoas abscess is the result of such a condition of a part of the spinal column, and that it points frequently in the upper part of the thigh. Suppose these dreadful spores are excluded, are there no other conditions likely to give rise to unhealthy action? Is the discharge from a carious bone always bland and innocuous? Again, we know they get well in some instances without any treatment. How does this happen? They burst of themselves and heal; what then prevents the entrance and propagation of these spores?

Instances of suppuration in internal parts are numerous where there can be no possible channel of introduction for the malignant spores. On the other hand, abscesses in the thoracic organs, and many pelvic abscesses, afford examples of cases in which there must be rather free access for spores, or other deleterious substances, mingled with, or floating in, the atmosphere; and yet these are recovered from, the recoveries being by no means rare.

(To be continued.)

CASE OF

FISTULOUS COMMUNICATION OF THE GALL-BLADDER WITH THE ABDOMINAL WALLS, AND PASSAGE OF LARGE GALL-STONES.

BY STEPHEN NESFIELD, M.D.,
CONSULTING SURGEON TO ST. MARY'S HOSPITAL, MANCHESTER.

MRS. W——, aged 41, residing in Hulme, is a moderately stout and healthy-looking woman; has had three children —no miscarriages; suffered from no illness until her third confinement, which was attended with severe flooding, and abscesses of the breasts and vulva, giving rise to a slow recovery. The confinement took place in November, 1863. In the months of February, April, and July of the following year she suffered from inflammatory attacks in the neighbourhood of the liver, lasting from ten to fourteen days. After this, for the next six months, she had pretty good health. In January, 1865, she found the skin around the navel hard, and some considerable swelling, which was attended with little or no pain. After lasting for about three months, increasing in size, but with little or no discomfort, it burst at the umbilicus, and some glairy fluid, with a small quantity of pus, escaped, followed shortly afterwards by several small soft concretions, consisting of cholesterine. She continued to pass small gall-stones at intervals of one or two months. The largest passed at this period (April, 1865) was about the size of a small pea. On the 5th June, 1866, she passed one which weighed twenty-two grains, and on the 19th April of this year (1869) I was sent for to extract one which was of the size of a pigeon's egg, and weighed four and a half drachms. Previous to the extraction of this, a period of above a year had elapsed without any passing, the opening constantly discharging a thin colourless fluid.

During the whole time my patient had suffered very little from indigestion, and the bowels acted pretty regularly. There was no jaundice; her colour has, however, latterly become somewhat anæmic.

Manchester, Dec. 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nullaautem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

ST. GEORGE'S HOSPITAL.

CASE OF COLLIER'S LUNG.

(Autopsy and Remarks by Mr. T. P. PICK.)

CONSIDERABLE doubt has sometimes been raised as to the origin of the black deposit in the lungs of coal-miners and others engaged in working among coal. In the following case, however, both from the microscopic appearances and from the large amount of amorphous silica obtained by incineration of the lung, there can be little doubt that the condition of the lung was due to the inhalation of finely pulverised coal-dust into the bronchial tubes, and thence into the air-cells. We are indebted to Mr. T. P. Pick for the case.

John B——, aged sixty-four, had originally been a clay-pipe maker by trade, but for some time had abandoned this occupation, and had been engaged as a coal porter. During the last three years he had been employed in filling balloons with gas at Cremorne. When admitted (under the care of Dr. J. W. Ogle), he stated that during the last six months he had become very rapidly emaciated, and had suffered from constant sickness. For two months he had had considerable swelling and œdema of the legs. On examination, there was found to be a hard solid tumour, the size of a cricket-ball, in the epigastric region. From the presence of this, the constant sickness, and the rapid and extreme emaciation, there was no difficulty in arriving at the diagnosis that he was suffering from malignant disease of the stomach; and this subsequently, at the post-mortem examination, proved to be the case. The only symptom referable to the lungs was extreme dyspnœa; and, unfortunately, owing to the very exhausted state in which the man was, no careful stethoscopic examination of his chest was made. He gradually sank, and died three weeks after admission.

At the post-mortem examination, made by Mr. Pick, a quantity of clear, watery fluid was found in both pleural cavities. The pleura covering the surface of the lung was thickened, and from its inner surface were given off a number of fibrous bands, which traversed the lung-tissue in every direction. The lungs felt firm and solid, but not uniformly so; and upon rolling a portion between the finger and thumb a number of small rounded bodies could be felt, resembling somewhat the sensation experienced by the presence of miliary tubercle. Upon section, a quantity of black fluid could be readily squeezed out, which under the microscope presented a multitude of granules of black pigment. There was a slight amount of emphysema of the anterior margins and apices of both lungs. The structure of the lung was of a very peculiar mottled appearance, the tissue being of a dark-blue, or bluish-black colour, studded throughout by little black masses, varying from the size of a millet-seed downwards. These felt like little hard rounded masses under the finger. Upon making a microscopic examination of a portion of the lung at a part where there were none of these little deposits, the air-cells were perfectly normal in appearance, with the exception that on their walls was accumulated a quantity of amorphous black pigment in varying proportions. This deposit appeared to have taken place within the interior of the cells, for here and there one was found completely filled and choked up by the material. Upon examination of one of the little rounded masses, it was found to consist of a deposit of minute black granules, irregular in size and shape, and appeared to be formed by a coalescence of a cluster of air-vesicles by de-

struction of their surrounding membranes, and a blocking up of the little sac or cavity thus formed with those pigmentary granules.

A portion of lung the size of a walnut was incinerated, and the reddish-coloured ash was fused with carbonate of soda, and treated with hydrochloric acid in the usual way. The residue, weighing two-fifths of a grain, consisted of an almost white, amorphous powder, which was evidently silica, plainly indicating the presence of coal-dust in the lungs. The ash produced by incineration of the lung also contained traces of manganese and iron. The bronchial glands were for the most part completely degenerated by the same black granular deposit.

With regard to the other organs, it need only be stated that the diagnosis formed during life was correct, inasmuch as the pyloric orifice of the stomach was found to be extensively infiltrated by the scirrhus variety of cancer. There were also secondary deposits of cancer in the liver and pancreas.

Remarks.—This case is the more interesting, inasmuch as the man did not die from the effects of the disease in the lungs, but from other causes entirely remote. Nor, in fact, did he appear to have suffered from the usual symptoms which attend this form of disease. The case, however, bears out the remarks of Dr. Greenhow,* that "the amount of disturbance of the general health in constitutionally sound subjects is much less than in those who are the subjects of pulmonary disease arising from constitutional cachexia." The only symptom noted was extreme dyspnœa, and this is described by the same observer as "a very marked feature of such cases, and is sometimes so extreme as to prevent active locomotion, even while the patient is able to continue his occupation." But though the patient died of another cause, and did not present any symptoms that the disease had made any great progress, still a very marked change was found in the lungs after death. For though we were able to obtain for microscopic examination certain parts where the disease was in an early stage, and therefore more available for this purpose, still there were large portions where the deposit had made great inroads and had destroyed large tracts of breathing surface. In fact, if we had found in any specimen of lung the same amount of tubercular matter as we did of this black coal-dust deposit, we should have been quite satisfied that there was sufficient lesion to account for death. The microscopic examination of the least affected parts was most satisfactory, as we were quite able to assure ourselves that this deposit had taken place *upon* the walls of the air-vesicles themselves, and was therefore due, in all probability, to the inhalation of the material, whatever it was; while the chemical analysis, imperfect as it was, was nevertheless sufficient to prove that this material was coal-dust, from the very large amount of silica. The occupation of the man sufficiently accounted for the presence of this coal-dust in the system.

* Path. Soc. Trans., vol. xvi., p. 61.

GUY'S HOSPITAL.

A CASE OF INTERMITTENT HÆMATINURIA.

(Under the care of DR. HABERSHON.)

WE remarked, on a recent visit to the male clinical ward, a sailor, aged forty-eight, affected with intermittent hæmatinuria. He had suffered from ague many years ago in Havannah. In October last he was shipwrecked, and for seven days was greatly exposed to wet and cold whilst helping to get out the cargo of his ship. During that time he had a return of paroxysms of ague, and he observed that his urine was of a deep-red colour. This appearance continued at intervals during his return voyage home, and up to the time of his admission into hospital on Dec. 15th. From the notes of Mr. T. E. B. Burroughs, ward clerk, we gather that at 3 A.M. on Dec. 17th he passed fourteen ounces of light straw-coloured urine, of specific gravity 1012, which gave no precipitate to nitric acid or heat. At 6 A.M. ten ounces of rather darker urine was passed, of specific gravity 1020. At 10.30 five ounces of urine, coloured like brown brandy, was discharged, of specific gravity 1025. This gave a copious precipitate to nitric acid and heat. Under the microscope, granular matter and casts were observed, but no blood-corpuscles. This variation in the character of the urine in the course of a few hours was of constant occurrence. The patient told us that after he had been by the fire some time, and had got thoroughly warm, natural urine was passed. His symptoms seemed to be associated with imperfectly-developed ague, and he suffered occasionally from brow neuralgia. Treated with quinine and arsenic, the urinary symptoms subsided.

Cases of this affection have been described, amongst others, by Dr. Gull in the Guy's Hospital Reports, 1866; by Dr. Greenhow in the Transactions of the Clinical Society, vol. i.; and by Sir Thomas Watson, Dr. Elliotson, Dr. Geo. Harley, Dr. Dickinson, Dr. Murchison, and Dr. Pavy.

This curious affection is sometimes termed "intermittent" or "paroxysmal hæmaturia;" but Dr. Gull thinks the name "intermittent hæmatinuria" preferable, for the urine contains hæmatin, not blood. It is remarkable that in some others of the cases published, as in the above, there was a history of ague, but not by any means in all. Dr. Greenhow remarks that the disease resembles ague in its paroxysmal form, and in its commencement with rigors, which are followed, however, by only an imperfect hot stage, and more rarely by sweating.

In all the recorded cases the symptoms have been closely associated with exposure to cold and wet, most of the patients themselves having noticed this connexion so often as to leave them in no doubt of the influence of this cause in producing the discolouration of the urine. But considering that, in an English climate at least, exposure to wet and cold is almost frequent enough to be looked upon as a normal condition, it is evident that there must be another factor of the disease—a predisposition, the exact character of which is not by any means clear.

MIDDLESEX HOSPITAL.

ACUTE ORCHITIS TREATED BY PUNCTURE.

(Under the care of MR. NUNN.)

THE treatment of common gonorrhœal orchitis by puncturing the testis is advocated by Mr. Henry Smith, of King's College Hospital. That pursued by Mr. Nunn at the Middlesex Hospital consists simply in the application of the cold douche to the testis at frequent intervals, whilst the patient lies in a hot bath. A case occurred the other day which determined Mr. Nunn to make use of Mr. Smith's method, and we report it as it illustrates the advantage of the timely relief of tension in inflamed structures. Possibly Mr. Smith's operation should be classed with iridectomy in acute glaucoma, an operation essentially for the relief of tension,—the fibrous sclerotic of the eye, and the tunica albuginea testis having at least a family likeness.

John B——, aged nineteen, was admitted on November 13th, 1869, with suppuration of the left testicle. The abscess or abscesses had burst, and apertures existed in the scrotum, yielding pus. Six weeks previously he had found a gonorrhœal discharge from the urethra, and within one week acute orchitis had supervened, which ended in suppuration, which was described as his state on admission.

At first poultices, as the most soothing application, to the inflamed scrotum, and subsequently a mercurial ointment, with the internal administration of nitric acid and decoction of chinchona, constituted the treatment, having the effect of the patient's being able to be discharged, apparently convalescent, on the 30th,—that is, after a stay of seventeen days in hospital.

On the 3rd of December, however, three days after leaving the hospital, the patient was readmitted, with acute inflammation of the opposite (right) testicle. The intensity of the inflammatory action was considerably greater, and more limited to the testis itself, than in ordinary orchitis. The pain was very severe. One-third of a grain of morphia three times a day in a pill, and mercury with camphor ointment to the scrotum, was continued until the 7th, when the testicle was ordered to be punctured at three points. The immediate result of this treatment was subsidence of pain, and resolution of the inflammation, no repetition of the punctures being needed. Tonics and wine were given

from the 4th till the 28th, when the patient was discharged convalescent.

Suppuration of the testicle unconnected with either syphilitic or tubercular deposit is an uncommon result of inflammation of the organ. But it is a momentous question whether the spoiling of its special function does not more often follow prolonged inflammation than the affection is accredited with. Making allowance for the share of the general enlargement due to the distension of the tunica vaginalis by serum, the thickening of the epididymis and the cellular and other investments of the testicle, including the scrotum, there must be a balance of engorgement belonging to the body of the testicle which, if allowed to remain, cannot but imperil its secreting properties. Whatever be the plan of treatment which promises *safely* to shorten the period of tension demands attentive consideration.

ST. MARY'S HOSPITAL.

A CASE OF REMARKABLE TENDENCY TO SLEEP.

(Under the care of Dr. HANDFIELD JONES.)

WE saw the other day at this hospital a coal-porter, aged forty-two, whose main symptom was a peculiar proneness to sleep. He can sleep, he told us, thirteen or fourteen hours without waking. Before admission, he used to go to sleep at his meals or standing in the street; and he had been troubled in this way for a year past. He had sometimes slept nearly the whole twenty-four hours; but since his admission fourteen or fifteen hours were enough for him. He dreams and talks a good deal in his slumbers. The man's aspect is completely that of Bright's disease; and he says that before admission his legs and feet used to swell. But examination has failed to discover any albumen or casts in his urine, which, however, is of low specific gravity. Within the last two years he has been getting very stout. He used to drink a large quantity of beer; but not, he says, for two years past.

Provincial Hospital Reports.

CROYDON GENERAL HOSPITAL.

CASE OF STRICTURE TREATED BY HOLT'S METHOD.

(Under the care of Mr. RUTHERFORD ADAMS.)

AMONGST the advantages claimed by Mr. Holt for his method are the following:—1. That there is literally no danger in the operation if the instrument be passed through the urethra and not through a false passage, and if the patient is not the subject of kidney disease. 2. That the mucous membrane is not lacerated. This has been illustrated by the autopsies recorded by Dr. Millar of Edinburgh, and Dr. McDonald of Dublin. 3. That if common care is used, the stricture does not return, but is always easily kept under control. The following case is an example of its employment.

Charles L——, aged thirty-eight, a carpenter, of dissolute habits, was admitted on the 30th of September, 1869. He had been the subject of stricture for seven years, during which period the stream had been gradually contracting, and the urine flowed guttatim. Twelve months since Mr. Adams passed a small instrument, and temporarily relieved his distended bladder; but at this time he could not afford to lose the time required for the operation, until, from aggravation of the symptoms, his health broke down, and complete retention ensued. On admission, a No. ¼ catheter was with considerable difficulty introduced, and after treatment, extending over six weeks, Mr. Adams was finally enabled to get in No. 4. Every attempt to pass an instrument brought on an attack of stricture fever, which rendered the treatment more tedious.

On the 10th of November he was placed under the influence of nitrous oxide by Mr. Rymer; and the dilator having been fairly introduced into the bladder, Mr. Adams rapidly passed in the large-sized tube through a dense fibrous, almost cartilaginous, stricture, situated in the glans for more than an inch inwards, and a smaller one near the triangular ligament. Upon its removal, a No. 10 was passed, and some urine, tinged with blood, drawn off. The patient was then sent to bed, and was ordered ten drops of tincture of opium and two grains of quinine every four hours. The following afternoon he passed a large quantity of water, very slightly discoloured; and the day after, with some pain, a No. 9 was passed. He then left the hospital, two days after the operation. From that period up to the present he has had an instrument used at intervals. He is now able to relieve his bladder in half a minute.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 11TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

A CASE OF COMPOUND FRACTURE OF THE PATELLA; WITH AN ANALYSIS OF FIFTY-SIX CASES OF THAT INJURY.

BY ALFRED POLAND, F.R.C.S.,
SURGEON TO GUY'S HOSPITAL.

IN presenting the following case to the notice of the Society, the author drew attention to the prominent facts connected with it.

1. The peculiar and unusual nature of the accident.
2. The attempt to save the limb under circumstances most disadvantageous, owing to physical and moral defects.
3. The unfortunate relapse and threatening symptoms of pyæmia, after the primary danger of an inflamed and suppurating joint had passed over.
4. The chest-complication and exhaustion of the patient after subsidence of the pyæmic symptoms.
5. The saving of life by amputation of the limb.

George M——, aged twenty-eight, a boiler-maker, was admitted into Guy's Hospital on the 19th of January, 1869. About eight weeks previously he received a transverse lacerated wound over the anterior surface of the right knee, which was produced by a fall on the knee, and for which he was treated as an out-patient at the hospital. The wound was about 3½ in. in extent, and the patella exposed; but the joint was not injured. The edges of the wound were brought together by strapping, and a back splint was placed behind the knee-joint. The case progressed favourably; union of the edges took place, and cicatrisation was almost completed, when, about three days before his admission, he removed the splint and went about his work. Early on the morning of January 19th (eight weeks after the first accident) he caught his foot in a grating, and was thrown down on his side, in his fall using great muscular exertion to save himself. The newly-cicatrised wound was torn open, and he suffered great pain. He was immediately brought to the hospital. There was found a large gaping wound at the site of the original injury, as also a transverse fracture of the patella. There was hæmorrhage, and escape of synovial fluid from the joint. The dresser on duty introduced his finger into the wound, through the fracture, and into the joint. The wound was closed by sutures, a compress of lint with strapping applied, and a back splint adjusted behind the knee. In this condition he came under Mr. Poland's notice. The man appeared to be in exceedingly bad health, suffering from a chronic cough and general debility, which gave rise to the suspicion of phthisis, although no evidence could be elicited by the stethoscope. In the course of three or four days inflammation and swelling of the joint ensued, with the usual concomitant symptoms. The dressings and sutures were removed, and carbolic-acid lotion applied to the wound, which was looking unhealthy, and had a sanious discharge. On the tenth day suppuration of the joint had fully set in, and the discharge was profuse. This, however, suddenly lessened, and symptoms of pyæmia became manifest; but, fortunately, suppurative action in and about the joint reappeared, necessitating the use of free incisions into the joint and into such depôts of pus as had formed above and below the joint. During a lingering and tedious suppuration, with ulcerative action going on in the joint for a period of six weeks, the man's health began to give way. In consultation, it

was agreed that amputation should be performed at the first favourable opportunity; and this was done on the 5th of March. The patient made a most rapid recovery, and gained flesh, although he did not lose his cough entirely.

The author next made some comments on the peculiar nature of the injury, and related a case of the kind which occurred in the practice of M. Pelletan, and is detailed in his surgical works. He also referred to some other cases of compound fracture of the patella, arising under very peculiar circumstances.

Mr. Poland then alluded to the treatment adopted, and considered amputation to have been the only alternative left to the surgeon. The only other question which suggested itself was the propriety of excision; but the patient's extremely exhausted condition and general state of health negatived its performance, and the more so as the integuments and soft parts above and below the joint were much implicated in the suppurative action.

The specimen, showing the condition of the injury and state of the joint, accompanied the communication, and was exhibited for the inspection of the Fellows.

The author next adverted to the statistics of 56 cases of compound fracture of the patella without any complication of the neighbouring bones of the joint, of which the following is a summary:—

6	cases of compound fracture	associated	with	incised wounds.
34	„	„	„	lacerated „
16	„	„	„	gunshot „

To these are appended 15 other cases of compound fracture of the patella, which were complicated with fracture of the neighbouring bones of the joint, but they are not included in the general deductions.

Mr. Poland concluded by offering the following point for consideration:—Can there be a compound fracture of the patella without a wound or lesion of the knee-joint?

Mr. SOLLY spoke of the treatment of fractured patella. He still adhered to the old plan of elevating the leg, so as to relax the rectus femoris muscle, and placing a splint behind.

Mr. HOLMES doubted whether a compound fracture into the knee-joint was now held to be an absolute indication for amputation; such cases were, however, dangerous, and would very probably demand it. The paper would, no doubt, call attention to the feasibility of preserving the limb. He wished that more had been said about excision of the patella in compound fracture—an operation which, he believed, had been performed by Dr. Humphry of Cambridge. He was very sceptical as to the possibility of a compound fracture of the patella occurring without the joint being opened. Resection ought to be avoided in compound fracture of the patella; the injury was almost always, after childhood, one which required amputation.

Mr. BROOKE said that the deficient supply of blood to the lower part of the patella must cause repair to be very slow. It often happened that, when a patient was sent out six or eight weeks after fracture of the patella, the ligamentous matter forming the union became stretched. This was to be obviated by causing a splint to be worn behind the joint for some time.

Mr. BIRKETT had seen only one case of compound fracture of the patella in Guy's Hospital, under the care of the late Mr. Aston Key. A man fell from a wharf into a barge containing iron, striking the centre of the patella on a piece of iron. This was his only injury, and the case did well. That the joint was opened was proved by some gentlemen who introduced their fingers into it through the wound. There was scarcely any constitutional irritation. The treatment consisted of the application of many leeches, with rest and extension. The man afterwards worked long at the same wharf, having perfect power of motion in the limb. In a case under his own (Mr. Birkett's) care, a man had received a wound a little below the patella; the capsule became distended with blood, some of which could be squeezed out. This patient also did well. He therefore hesitated to decide on amputation, especially when the unfortunate results of secondary amputation were remembered. He thought elevation of the limb not essential in cases of ordinary fracture of the patella.

Mr. MOORE said that a splint behind the limb was even more necessary when the patient was allowed to walk about than when he was confined to bed. The idea of producing relaxation of the rectus by elevating the limb was erroneous. His knowledge of compound fracture of the patella was very limited. He had seen a case in which a man fractured both patellæ, and recovered. A second fracture of both bones was also followed by recovery. After a third fracture of one of the bones, suppuration and death followed.

Mr. W. ADAMS said that the interest of fracture of the patella lay in the amount of injury done to the joint. Incised wounds of the knee-joint had done well; but with lacerated and contused wounds there must be danger. The choice between excision and amputation must depend on the amount of injury of the soft parts. If there were not much injury, excision might be done.

Mr. COOPER FORSTER said that Mr. Poland was prevented from being present, having been called to a patient. He did not think that compound fracture of the patella could occur without laying open the knee-joint.

Reviews and Notices of Books.

Lectures on Obstetric Operations; including the treatment of Hæmorrhage; and forming a guide to the Management of Difficult Labour. By ROBERT BARNES, M.D. Lond., F.R.C.P., Obstetric Physician to St. Thomas's Hospital, &c. &c. With numerous Illustrations; 8vo, pp. 526. London: J. Churchill & Sons. 1870.

IT is long since the medical press of this country has given to the world a work at once so trustworthy and so original as that for which we are now indebted to Dr. Barnes. Midwifery, not only as a science, but also as a practical art, has made great strides during the lifetime of the present generation; and there has been too much reason to fear that this progress has not penetrated, to the full extent that it should have done, through all the various strata of medical students and practitioners. Dr. Barnes's work is likely, in a very material degree, to diffuse complete knowledge of what may and should be done in difficult labour; and cannot fail, we think, to conduce to the increased comfort of obstetricians, and to the greater safety of parturient women and of their offspring.

Our space affords us no opportunity to do justice to the various portions of the work; but we must mention the chapters devoted to the use of forceps as being of pre-eminent value and importance. A past school of writers had rather tended to discourage the employment of what Dr. Barnes calls "the greatest of all conservative instruments," by dwelling very forcibly upon the dangers incidental to its improper or unskilful application. In so doing they (and we may specially mention the late Dr. Francis Ramsbotham), were doubtless influenced by a desire to impress the necessity for extreme care upon the minds of students; but, to this end, they unquestionably laid down, for the guidance of others, rules that they did not think it necessary, or even right, to observe themselves. Dr. Ramsbotham's rule for the use of forceps by others was "four hours of absolute cranial impaction"; and there can be no doubt that such a rule exposes mothers to unnecessarily severe and prolonged suffering, and both mothers and children to unnecessary risk. Dr. Barnes has placed this matter upon its proper basis; and has enunciated precepts that may be legitimately and properly followed in practice.

The chapter upon post-partum hæmorrhage, and upon its control by perchloride of iron, is also one of very great value; and we fully concur with Dr. Barnes in what he gives as an axiom in obstetrics:—"*By the proper management of labour, including the delivery of the placenta, you greatly secure the patient against hæmorrhage and many other dangers.*" In order to enforce the necessity for a mode of practice that is too often neglected, we must make the description of this "proper management" the subject of our

sole quotation:—"When the head and trunk of the child are expelled, follow down the fundus uteri in its contraction by your hand on the abdomen, until the fœtus be entirely expelled, and continue this pressure for some time afterwards, to keep the uterus in a contracted state. When you are satisfied of this, apply the binder. *I always apply the binder during the labour; the support thus given to the uterus is invaluable;* it tends to preserve the due relation between the axis of the uterus and that of the brim, thus obviating the most serious objection to the English obstetric position on the left side."

The parts of the volume that are devoted to unnatural presentations, to the conditions that call for turning, and to the manner in which the various mechanical difficulties that may arise should be anticipated or be met, are fully equal to the high standard of the rest. No single question has been neglected, and every subject that is discussed is regarded from the author's own point of view, and illuminated by the light of his great personal experience.

The illustrations have the especial merit of being from original drawings by Dr. Barnes's own hand; and they show almost every possible relation between the pelvis and the fœtus in all varieties of labour. We cordially congratulate the author on the production of a treatise that entitles him to rank as a benefactor alike to the public and the profession. It should not only find a place on the shelves of every practitioner, but from that place it will surely, by all those who possess it, be frequently taken down.

Prostitution, considered in its Moral, Social, and Sanitary Aspects in London and other large Cities and Garrison Towns; with proposals for the control and prevention of the attendant evils. By WILLIAM ACTON, M.R.C.S., &c. Second Edition. 8vo, pp. 302. London: Churchill and Sons. 1870.

MR. ACTON has improved his work on Prostitution in this second edition; it is, on the whole, a good exposition of an evil that in many ways is working both physical and moral harm to all classes of society, but probably even more so in the latter than in the former respect. The work discusses, in ten chapters, the causes, amelioration, and prevention by regulation of prostitution in general, and especially of prostitution in the metropolis. The diseases that result from prostitution, and the means in London for curing them, are compared with the same conditions in certain foreign cities, much to the advantage of the latter. The extent of prostitution is very imperfectly known, and Mr. Acton has rendered a service by discussing the subject, and furnishing us with an account of the evil. It is, nevertheless, to be regretted that the author should have allowed himself to introduce sensational matter into his history of a most repulsive subject; letters from Belgravian mothers and their respondents, culled from the *Daily Telegraph* and *The Times*, were quite unnecessary. Still more objectionable are highly coloured autobiographies of women of loose character, or picturesque descriptions of evenings spent at Cremorne and elsewhere.

It is pointed out with some force how much of the demand for prostitution is due to lads and young men not being properly trained. Prostitution is also fostered by the artificial impediment that modern society throws in the way of early marriages, with which may be included the unwillingness of many to assume the obligations of married life. These, the chief sources of *demand*, are stimuli to others guiding the *supply*—namely, dislike of honest labour, and vicious inclinations inculcated by evil training and by the indecent crowding together that so many thousands of our lower classes cannot avoid. To these may be added the difficulty in obtaining employment that compels fallen women to resort to prostitution for a subsistence, the pinching of extreme poverty, the love of dress, domestic unhappiness, and the exposure to temptation that especially assails domestic servants. Both demand and supply are also subject to a fictitious stimulation of various kinds, which we hold the State should endeavour to remove, or reduce as much as possible; but this cannot be done by ignoring what is well known to exist by everyone. A prohibition of prostitution has never been attended with success. This has been attempted at various epochs in Berlin, but on each occasion the result of repression has been to increase the number of illegitimate births, of infanticides, and of venereal patients. Between 1845 and 1848, the last time that prohibition has been attempted in Berlin, the entries at the hospital for syphilis rose from 711 to 979. In the Papal States prostitution has been repressed; but, as far as Rome is concerned, this has only served to develop new and worse evils. Some people talk as if advance in morals were strictly comparable to mental progress. Every accession to knowledge in one age necessarily affects the intellectual progress of the next; but animalism and the temptations to vice repeat themselves; their external manifestations may and do change, but their nature does not. Mr. Acton has obtained some official information, with the help of our Government, respecting the management of prostitution at Berlin, in which it is stated that the entries for venereal in the Prussian army were only 62 per 1000 in 1867, against 258 in our own army.

We must dispute Mr. Acton's inference respecting the number of prostitutes in London. No precise expression of opinion on this point is given, but he leads us to suppose the number to be enormous. At present we are inclined to think we might take the police estimate as the number with which a Contagious Diseases Act could deal at first; and this will enable us to arrive at a fair estimate of the amount of money we are likely to require to effect a sensible diminution of venereal disease. Each bed at the London Lock Hospital costs £24 10s. per year, and accommodates about eleven patients annually. Now of the 6000 common prostitutes, about one-third, or at most one-half, are diseased, and would require an immediate accommodation of 3000 beds. This is probably more than could be granted; and if we turn to the statistics of Berlin, we find that 120 women are generally in hospital, out of 1600; say 160—i.e., 10 per cent.; or 600 beds are the proportion that would be necessary as a permanent provision for the 6000 common prostitutes of London. With this accommodation we should provide for the treatment of all the diseased *most common* women; and so cut off communication with all the worst and most multiplying seed-beds of disease. As the value of the measure became more apparent, there would be less difficulty in obtaining funds for ampler accommodation.

In estimating the amount of sickness disseminated by prostitution, Mr. Acton so states his case as to mislead respecting the number of hospital venereal patients. The error lies in not mentioning that the statistics Mr. Acton collected referred only to the surgical out-patients, and did not include the medical out-patients also, who, as every hospital officer knows, far outnumber the surgical patients. This oversight is fatal to his statistics, and is especially damaging, since it has been opposed by data collected by Mr. Simon. Without allowing that Mr. Simon's estimate is correct, probably it is as far below the mark as Mr. Acton's in its present form is above the real quantity; we regret it did not occur to Mr. Acton to weigh Mr. Simon's statements against his own, when treating of the prevalence of venereal disease. Another source of fallacy is this: the tables of the mortality from syphilis in the Registrar-

General's report, and in the venereal wards of certain hospitals, are inserted without any explanation to show whether Mr. Acton is aware that these official returns give but a part of the true mortality from syphilis, and that many deaths from disease set in action by syphilis are described as due to affections of other organs.

In the chapter on the Amelioration of Prostitution, Mr. Acton has grappled with the objections in the Report of the Medical Officer of the Privy Council to the extension of the Contagious Diseases Act to the civil population. *Imprimis*: in answer to Mr. Simon's assertion that the principle at stake in the proposed alteration is "whether the venereal diseases of the civil population are henceforth to be deemed matter of public concern, whether the civil fornicant may reasonably look to constituted authorities to protect him in his commerce with prostitutes?"—Mr. Acton expresses his well-founded amazement that Mr. Simon should for a moment suppose these two definitions of the principle at stake to be synonymous. Such a confusion of ideas (and Mr. Simon's argument is based throughout on this confusion) naturally deprives Mr. Simon's judgment of the question of the weight that utterances of his ought to command. Mr. Acton cleverly shows how exactly contrary is the opinion that Mr. Simon expresses concerning the right—and even the duty—of the law to intervene and limit the liberty of the subject in order to prevent the spread of disease when he quits the topic of venereal affections. By turning to the next page of Mr. Simon's Report we find him saying that "it is the almost completely expressed intention of our law that all such states of property and all such modes of personal action or inaction, as may be of danger to the public health, should be brought within the scope of summary procedure and conviction," with much more to the same purpose, showing Mr. Simon to be guilty of strange inconsistency when deliberating on the duty of the State in regard of venereal and other sources of preventable disease.

A Practical Treatise on Metallurgy. Adapted from the last German Edition of Professor KERL's Metallurgy. By WILLIAM CROOKES, F.R.S., &c., and ERNST RÖHRIG, Ph.D., M.E. Vol. III. London: Longmans, Green, and Co. 1870.

THE third and concluding volume on Metallurgy, by Messrs. Crookes and Röhrig, is now before us; and we can say no less than that it quite merits the encomiums passed by us already upon the earlier portions of their work. British iron-masters, and students of the cognate sciences, owe much to these gentlemen for the pains they have taken in placing before the public a large amount of very reliable information in an attractive form. The third volume contains an exhaustive treatment of Steel and Fuel. The principal methods of producing steel are described in a way which we have not found equalled in any other English work. The Bessemer and Heaton processes are especially well told. And here we cannot help recognising the good sense displayed by our authors in their readiness to quote, and render a full acknowledgment of the writings of, any who have thrown light on the subjects before them.

This will doubtless be a standard work of reference for some time to come, and therefore we offer the publishers no apology for calling attention to a couple of trifling errors, which they will doubtless be only too glad to rectify in the next edition. One will be found in the comparative table of plant, &c., for Bessemer works in England and Sweden; the other at page 180, where lead has usurped the place of iron.

The contributions on the subject of Fuel, and on the materials used in the erection of furnaces, are valuable; and in the supplement will be found papers by various writers, bringing our knowledge up to the latest phases of the science. We would draw especial attention to the paper by Mr. J. Lowthian Bell on the Chemistry of the Blast Furnace, and the account of the Richardson process of manufacturing malleable iron, by Mr. St. John Vincent Day, C.E.

BRITISH ASSOCIATION FOR PROTECTING THE RIGHTS AND PRIVILEGES OF THE GENERAL PRACTITIONER.

IT is considered desirable to form an Association of General Practitioners, with the object of defining and protecting their rights and privileges, both as regards the public and the heads of the profession.

The first embraces the questions of medical charities and medical fees; the second, the relation between the general practitioner and the consultee.

Medical charity, as now so freely and indiscriminately administered at hospitals, dispensaries, and even private establishments, offers improper temptations to many persons who can afford to pay, and tends to destroy the independence of the lower middle-class, from whom the income of the general practitioner should legitimately be drawn; whilst in the metropolis and larger towns these public institutions are exclusively officered by consulting members of the profession, whose interests are in direct opposition to the advancement of the general practitioner, both in a professional and social point of view.

As regards remuneration: society expects from medical men the exercise of every Christian virtue, as self-denial, charity, untiring zeal, and never-failing sympathy, together with a high standard of professional ability and general refinement; but is content to give, in return for great hazard of life and heavy responsibility, moderate and often wholly inadequate remuneration. The object of the Association would be to raise the fees, especially of sick clubs and self-supporting dispensaries, and to advance the social and material status of the class which forms the great body of the medical profession in England.

The second question refers to the relation of the general practitioner to the consultee; for whereas the former, as in the practice of the bar, should be the medium of communication both as regards the details of the treatment and payment of fees, the latter more frequently acts in total independence of the general practitioner, and thereby steps into his province, lowers his prestige, and interferes with his means of subsistence.

General practitioners are therefore invited to give these questions their serious attention, and to consider the feasibility of making a combined effort to place them upon a right and satisfactory footing.

All communications and letters to be addressed to Mr. Treutler, Secretary (*pro tem.*), at the Rooms of the Linnean Society, Burlington House, Piccadilly; or Kew Green, W.

VERDICT OF MANSLAUGHTER AGAINST A "DOCTOR."—A Dr. Price (whose name, however, does not appear in the "Medical Directory"), living at Treforest, has been committed for trial upon a charge of manslaughter. It appears that a man, also named Price, was suffering from what the medical witnesses described as myeloid disease of the lower end of the femur close to the knee-joint, for which he was advised to undergo amputation of the affected limb. The man consulted Dr. Price, who dissented from this advice, and gave him some medicine. This failing, something like a seton was inserted into and carried through the tumour by Dr. Price. Inflammation terminating in mortification ensued, and the patient died. The medical evidence went to show that the treatment accelerated the man's death. On reading the certificate of death signed by the accused, we are tempted to ask whether the doctor is of sound mind. It runs as follows:—"This is to certify that Thomas Price died on the 7th of January, 1870. The original cause of his death is the law of the land.—WILLIAM PRICE, in the presence of y H Hy X X O cuqoid."

THE LANCET.

LONDON: SATURDAY, JANUARY 29, 1870.

IT is the peculiar privilege of an earnest philosopher, who is also a popular lecturer, that he is able at once to bring home to the consciousness of the public some portion of that wisdom which beforetime cried aloud in the streets, no man regarding her. The privilege is valuable, but it is at the same time intoxicating, and should be used with caution. Professor TYNDALL has been delivering at the Royal Institution a discourse upon Atmospheric Dust; and to this he has appended, not at all in a form beyond criticism, some statements about the causation and the spreading of disease. It was said that the appearance of that once famous book, "The Vestiges of the Natural History of Creation," was chiefly remarkable for its revelations of previously unsuspected strata of ignorance among classes who were supposed to be educated; and, in like manner, the almost hysterical ecstasies with which Professor TYNDALL's lecture, and more especially its less finished portion, has been received by the general press, speak volumes with regard to the present lamentable absence of even the most elementary knowledge about the conditions of health and life. For this we must not blame our literary brethren overmuch. The average journalist reflects only too faithfully the ignorance upon such subjects of the average reader; and the journalist has this excuse, that it is his daily business and duty to spin ropes of something—of dust, if he can find no more coherent material. "*Le jour va passer, mais les badauds ne passeront pas*," and their appetites require to be supplied with continual food.

We may fairly claim that Professor TYNDALL's lecture be "taken as read," and may proceed on the assumption that every educated person has some knowledge of its scope and tendency. And, in the first place, we must take objection to his inference that the atmospheric dust of London is organic. "And thus," exclaims one panic-stricken newspaper, "it is organic matter that we have been breathing all this time." The writer should have completed the dreadful picture by the assertion that we had breathed the organic matter, as M. JOURDAIN talked prose, without knowing it. But we think he may take comfort. It seems impossible that atmospheric dust can be other than a mixture of organic and inorganic particles. In this metropolis it must be largely composed of soot and of the detritus of granite, mingled of course with abominations of every kind. Professor TYNDALL's combustion experiment is not conclusive, and that for two reasons. In the first place, there are many inorganic particles that would be dissipated, chemically combined, or otherwise rendered invisible, by intense heat in atmospheric air. Carbon particles alone are a sufficient illustration. In the next place, the Professor himself showed that the mere ascent of warmed air, at a temperature below that of combustion, left the atoms behind, by their comparatively increased weight. Now, in the combustion apparatus as displayed on the table at the Royal Institution, the air, after passing through the platinum tube, had a perpendicular ascent of some inches, in order to reach the experimental tube. In this ascent the larger particles might surely be left behind. The "fine blue cloud," again, that passed into the experimental tube when the current of air was rapid—what evidence is there that it was the smoke of combustion? Why may it not have been composed of the smallest and lightest particles, carried up by the mere force of the stream? On these points there may of course be evidence at command that was not set forth in the lecture, and that would compel us to abandon our objections. But it would take a great deal of evidence, evidence of the most irresistible kind, to convince us that the atmospheric dust of London can be all, or even nearly all, "organic." With this single criticism we may leave the physical part of the question, adding only the remark that our cordial thanks are due to the Professor for his demonstration of the atoms with which air is loaded. When people have seen these atoms, and have become familiar with the fact of their presence and diffusion, the lessons that sanitary science teaches will be rendered much less hard to learn. It seems possible, too, that the electric light may enable us to study the effects of various reagents upon such atoms, and may reveal in course of time far more than we know at present about their nature, varieties, and characters.

If we turn now to the germ theory of disease, which the public would probably understand to be placed beyond doubt, we confess our inability to perceive, in Professor TYNDALL's experiments, any fresh evidence in its favour. The germ theory rests entirely upon the observation of vital phenomena. The presence of visible dirt in the atmosphere not only does not prove that any portion of that dirt consists of germs, but it does not even add to the probability of their presence; and the absence of visible dirt would afford no evidence of the absence of germs. The question rests precisely where it was before. We may have dirt without germs, just as we may have a crowd without pickpockets; and, to pursue the parallel, we should never suspect the presence of pickpockets in a crowd were it not for independent evidence of their existence and activity. Physiologists and pathologists have still to detect the germs; and, when they have done so, it will be time enough to look for them among the particles that dance in a sunbeam.

It will be seen that we do not at all dispute Professor TYNDALL's chief statements; but we simply deny that they are indisputable, and we deny that he has advanced one iota of fresh or original evidence in their support. The germ theory of infectious disease may hereafter be proven, or it may yield to the doctrine of the dissemination of mere poison from the sick. The subject is one of great obscurity and difficulty, and the evidence on either side is incomplete. It will be completed, if it all, by physiological, rather than by physical research; and the physicist who aspires to be a worker in physiology must first enter upon a new course of mental training and discipline. There is no direct passage from the one science to the other; and the

search for such a passage is marked by the shipwreck of many reputations, by the bones of many explorers. How much Professor TYNDALL's philosophic caution has deserted him during his own attempt may be shown by his unreserved confession of faith in the researches and conclusions of M. PASTEUR, by his incidental reference to the freedom from germs of Alpine air, and by his recommendation of the cotton-wool filter as a safeguard against infectious disease. M. PASTEUR is on his trial; and all that he has advanced, even with regard to the Alpine air, has been and is warmly disputed by authorities of whom it is impossible to speak without respect. The case is clearly one for that suspense of judgment the frequent necessity for which FARADAY was wont to enforce so well. With regard to the cotton-wool filter, or mouth-piece, or respirator, it is difficult to refer to it with calmness. It would, of course, exclude all gross physical impurity. But the present state of knowledge justifies us in believing that the causes of infectious disease, whether germs or poison, may be given off from either the lungs or the skin through the medium of watery vapour, and that they may find entrance into healthy bodies by other channels than the respiratory membrane. A wool respirator that led to no neglect of other precautions could at least do no harm; but one in which entire trust was reposed would probably be a fatal snare. Of this there is not much danger. For a little while we shall see fanciful ladies duly provided with cotton-wool in their charitable visits to the sick. But the suggestion will be a nine days' wonder, soon to be replaced by a successor. It is characteristic of popular lectures, that they run through the heads of the audience "like water through a tin pipe, and leave them as empty as they found them."

IF we may take the numerous articles that have already appeared on the subject of legislation for contagious diseases as an instalment of what is yet to come, a deluge must be impending. Some influential ladies have protested against the extension of the Contagious Diseases Act, ministers of various denominations have joined them, and a political philosopher and a writer on theology have pronounced them to be right. Among other papers put in circulation by the so-called "National Anti-Contagious Diseases Act (Extension) Association," there is one by the Rev. THOMAS MARKBY, M.A., of Cambridge, well known as a foremost champion of the rights of women, and as the Secretary of the Cambridge Board for conferring certificates on those ladies who submit to a strict examination in Arts and Sciences. His study of the sex seems to have led him to the discovery of some curious physiological facts, about which he speaks in the most open and undisguised manner possible. One would imagine that the subject possesses sufficient in itself to frighten many modest people away from it, and to deter most ladies from entering upon its discussion, unless impelled to do so by very strong and conscientious convictions; but on reading this gentleman's article, we are constrained to ask ourselves whether productions of this sort are to be widely circulated, and amongst whom. Mr. MARKBY founds a physiological and moral argument against the medical examination of women on the fact—for this is what his statements amount to—that they do not walk on all fours. We have heard anatomists dwell upon the dignity and imposing presence which the upright position gives to the human family; but we confess that we never before heard that, in the case of women, this was in order to enable them to give effect to an instinct which GOD has implanted in them, and "which impels them as strongly as possible to conceal certain organs by completely sheltering them," so that, at the same time, they may be able "to bring their whole muscular strength to bear on their defence in case of attack." And a little further on we are asked a question, the last word of which we have ventured to alter: "Does a woman by incontinence lose her natural command over the sanctities of her person?" No one denies the right, provided she is not inflicting harm upon Her Majesty's subjects. Let a woman be as diseased as she can be, and no one will interfere with her on that score; but if she is plying a trade by which poison is being disseminated, the State is surely justified in interfering. It seems to us an abuse of terms to call the licence to wilfully spread a terrible disease an exercise of a woman's just rights over her own person. It is astonishing, too, that a resident in a university town, and one who may, for aught we know to the contrary, have served the office of proctor, can write in the way he does as to the difficulty of recognising professed prostitutes, the only class the Act is aimed at.

We will, in all seriousness, propound two questions to Mr. MARKBY and those clergymen who think with him. Do they expect by any amount of pulpit eloquence to put a stop to prostitution? and if not, is it not better that it should be deprived as far as possible of its fearful accompaniments? Secondly, while all will allow the good which is effected by the midnight meetings, Magdalene hospitals and asylums, &c., which well-meaning people support for the reformation of the prostitute, have they taken any trouble to inquire how much more readily good influences have, under the existing Acts, been brought to bear upon prostitutes whilst still young in vice, and how many have been reclaimed and restored to their friends, who, but for an enforced residence in hospital would have had a prolonged career of sin?

But Mr. JOHN STUART MILL has pronounced against the Act; and the Rev. F. D. MAURICE has, with laudable candour, renounced the position he formerly held as a supporter of the extension of the Act to the civil population. Now, with regard to what MR. MILL says about the interpretation certain to be put upon regulations of this description, even if entirely false, and as to what he characterises as the childishness of those who designate this objection a sentimental one, we would reply: No doubt people's sentiments have, as he says, a great deal to do with regulating their conduct. Mr. MILL is known to be strongly averse to the abolition of capital punishment for murder, because it would, in his judgment, be very unwise to diminish the power of the law to punish crime of this nature; and yet capital punishment outrages the sentiments of benevolence and humanity of a large section of the community, and notably of that part of it with which Mr. MILL has, politically, the most sympathy. But he had the good sense to perceive that it was a ques-

tion which ought to be decided on other grounds than those of sentiment. Or, to take another instance. Mr. MILL holds that the present position of women is, most improperly, one of subjection; that the points in which they contrast with men are really due to differences in the training they receive, and the subjection under which it is, by the way, the inclination of the vast majority of them to remain. But it was due to sentiment or a feeling of chivalry in great measure that this relation was brought about; and it is to sentimental objections in both sexes, quite as much as to the exercise of their reasoning faculties, that they refuse to see this matter in the light that Mr. MILL desires. He would say that sentiment in such a case was misdirected, false, or vicious; and it is surely open to others to think the same of some of the objections urged against this Act.

Mr. MAURICE'S letter is conceived in a spirit that commands our respect. Nothing can be better than the very simple and telling way in which he disposes of those moral objections which might be supposed to influence religious persons. We greatly fear, however, that the time when prostitution shall be no more is very far distant. In some shape or other it forms a part of the history of all times and of all countries. Mr. MAURICE has, no doubt, read Mr. LECKY'S "History of Morals"; and if so, he will recall to mind a very eloquent passage on this subject. Seeing, then, that these things are so—that a certain contagious disease exists, and widely exists, among these unfortunate persons, and that its effects frequently involve the health and happiness of the innocent and unborn,—it becomes a question whether anything ought to be done; and if so, by whom and how? If the cases of the inherited form of this disease are as numerous as Sir WM. JENNER and Dr. ARTHUR FARRE, for instance, describe them to be, we hold that a case has been made out for attempting something in the way of arresting the progress of so terrible a malady. Let that principle be conceded, and we have next to determine what is practicable and best. If public women pursue a trade which becomes, when they are diseased, a source of grave danger, is it right in the interests of the public to detect such women and remove them to hospital for treatment, in the same way that the Government interposes its authority in the case of contagious disease, of overcrowding, and in that of railways and trades when these are likely to endanger the public health? And if not, why not?

The very able communication addressed by Miss GARRETT to the *Pall Mall Gazette* forms a striking contrast to the theoretical abstractions of the philosopher, and the imperfect information and ill-directed zeal of some of the clergy. The exhaustive, practical, and lucid manner in which she has treated the subject proves that she has been at the pains to master its details, and understands its objects. It is a remarkable fact that the only lady possessing the education that peculiarly qualifies a person to form a correct judgment should have pronounced so decidedly in favour of the Act, and we earnestly trust that the lesson will not be lost.

The matron who has such a lively horror of smoothing the path to vice in her sons, appears to forget that her daughters may reap the retribution of sins not their own. One of the most curious things, too, about the controversy is this—that neither the ladies nor the ministers seem to have ascertained the opinion of the unfortunate women themselves regarding the present Act, although they have been at great pains to conjure up pictures which, for all we know, may be purely imaginary. That the subject is one of difficulty we fully admit, but this only renders it the more important for us to approach its consideration with calmness and impartiality; and sensational appeals, exaggerated statements, and garbled facts, on either side, are not calculated to promote this frame of mind.

ON Monday evening, the representatives of the several Medical Societies held another meeting to consider the proposed amalgamation scheme; and the difficulties arising from the rivalries between the different bodies became very plainly apparent. The gentlemen who attended on the part of the Obstetrical Society put forward what they were pleased to call their claims; and modestly demanded, among other things, that the Society from which they came should contribute one-fourth of the members of the united Council, and that every third president should be taken from their ranks. It is hardly seemly that the valuable time of the joint Committee should be wasted in listening to such pretensions as these; and the obstetricians would act more wisely in at once withdrawing from the conference than in remaining to obstruct its deliberations by proposals of which the absurdity needs no comment. If truth must be told, the Obstetrical Society is essentially second-rate in much that constitutes the life of a scientific body; and its numerical strength might easily become a source of weakness and decay. Its wealth is simply an indication that the subscriptions paid by its members have been too high; and the balance at its bankers, although loudly urged as an evidence of its merits, will in no way qualify it to supply either councillors or presidents. The secession of its representatives would leave the Royal Society of Medicine free to form its Obstetrical Section in its own way; and to this section, after a while, scientific obstetricians would bring the fruits of their labours. The special Society would then either die a natural death, or would survive to hear the DENMAN of some coterie describe a case of shoulder presentation, in which he had practised version, and in which mother and child recovered. It is pitiable to see some men, from whom better things might be expected, lending themselves to a policy calculated to produce such issues, and hindering the fulfilment of a great aim in medicine, to which all petty interests should be unhesitatingly sacrificed. If the promoters of the amalgamation scheme have courage to carry it through, no matter with how small a nucleus, we cannot doubt that the general body of the profession will see the wisdom of their course, and will bring them a cordial and an abundant support. We cannot doubt that those who interpose difficulties will be condemned when the excitement of the discussion has passed away, even by the few who now applaud them.

The meeting was also marked, we regret to say, by a retrogressive resolution, for the separation of medicine and

surgery. Against the idea of this unnatural divorce, after full consideration, the decision of the Royal Medical and Chirurgical Society has been clearly expressed; and it seems as impossible as it is undesirable that this decision should be departed from. Perhaps the best solution of the difficulty would be for the Royal Medical and Chirurgical Society to take the matter into its own hands. Its Council should be first remodelled in a fashion to destroy cliquism, and to bring in active and earnest men; and then it might obtain a new charter, and form the necessary sections. The absorption of special Societies would be only a question of time.

FOR some time past we have heard little, too little perhaps, of the large and intelligent body of general practitioners who form the greater portion of the profession, and who are the medical attendants upon the masses of the population. Time was when they were banded together to press upon the governing bodies the necessity of a one-faculty examination, through which practitioners of every grade should be compelled to pass. And now, the realisation of their wishes being near at hand, we cannot feel surprised that an attempt should be made to remedy some of the abuses and anomalies which have grown up under the influence of contending corporations, each of them struggling to advance its selfish class interests, with very small consideration for the general good. In this struggle the least organised and weakest have naturally suffered most; and, amongst other evils, we have repeatedly drawn attention to the injury which has been inflicted upon the general practitioners by the improper facilities for obtaining gratuitous medical advice.

We cannot but regret, however, that there should be any excuse whatever for the proposal to form a new Association; and it will be for the profession to judge whether the proposal to do so ought to be favourably received. It must be regarded as evidence that there is a growing distrust of the large and influential Association which was primarily established to advance the interests of the profession as a whole, and especially of the great body of general practitioners of whom it is principally composed. We cannot shut our eyes to the fact that their interests have not been duly cared for. The Poor-law medical officers, for example, have been compelled to form a separate Association, and to establish relations with a non-professional journal, in order that their grievances may be fully heard. And complaint is now made that the proposal to discuss in the columns of the *Journal* of the Association the important questions upon which combined action is desired, has been positively declined; indeed, it would seem that the publication in question is likely to degenerate into little better than the advertising medium of certain specialist consultees, since we observe the same individuals noticed week after week, and only last week the leading article was taken up with puffing dermatologists by name. Also in the "notices" will be found another puff, in the form of a list of aural surgeons attached to the London schools. All this is not only unfortunate, but exceedingly wrong. The Association could not be better occupied than in discussing such important questions as professional organisation, remuneration, and public charity And its members surely have a fair claim to express their grievances and propagate their sentiments in the columns of their own publication.

For ourselves, we are inclined to think that, at the present juncture, the general practitioners will do well to review their position, and consider their future prospects; and it is scarcely necessary to offer them our very cordial support if they should choose to do so. We claim to be their representative and friend. We have fought with them through a long and successful struggle; and we shall rejoice in helping them to secure the substantial benefits of the victory in the shape of improved professional status and better remuneration.

THE address delivered at the annual meeting of the Medical Teachers' Association (which we publish at another page) is of particular interest, since it shows how a man of Professor MILLER'S eminence in pure science looks upon matters strictly medical. The Association has been fortunate hitherto in securing as its successive presidents men of advanced opinions, and the present occupant of the chair is apparently not one whit behind his predecessors, Mr. SIMON and Sir W. JENNER, in his desire for improvement in the education and examination of the medical student.

In upholding the formation for each division of the kingdom of a single Board of Examiners, with the right to admit to the privileges of medical practice, rather than a patched-up fusion between the present examining corporations, who are only anxious to protect their vested interests, Dr. MILLER has given the weight of his position in favour of the scheme which we have throughout recommended. It must be obvious to all who have really considered the subject that to legalise the formation, for example, of a board composed of representatives of the Colleges of Physicians and Surgeons and of the Apothecaries' Society, which shall guard the portals of the profession as far as London is concerned, will be to give back into the hands of corporations which have notoriously evaded their trusts with respect to medical education a sceptre of power which has been all but snatched from them. Already, as we are aware, negotiations are being carried on between the representatives of the corporations we have named, with the view of "making things pleasant"; and we need hardly say that the interests of other bodies, such as the Universities of Oxford, Cambridge, and London, are not likely to be much regarded in the matter. A single Board, which shall represent scientific and practical medicine in all its departments, can only be appointed by some central authority, either official or consisting of a small Medical Council to which the duty may be delegated; and the suggestions thrown out by Dr. MILLER have a direct practical bearing upon the matter.

The subject of class examinations, to which the latter part of Dr. MILLER'S address is devoted, has already to some extent engaged professional attention; but when we say that at some medical schools no examinations are held, whilst in most they only extend to the subjects of the first and second year, it will be evident that it is a question still

requiring ventilation. As to the *viva voce* examination of the members of a class, there can be little doubt respecting its efficiency and practicability, if the lecturer is inclined to exert himself; but whether written examinations can be carried out effectually in large schools will probably be to many teachers a matter of doubt. The method proposed and practised for many years by Dr. MILLER has unquestionably the advantage of preventing all access to extraneous sources of information, and thus ensures to the lecturer a correct idea of the amount of knowledge each member of the class has attained. On the other hand, since the examinations are intended more as aids to knowledge than as stringent tests like those for a degree, it may be questioned whether the plan adopted by other teachers, of allowing the papers to be answered at home, and after a recognised perusal of the subject in the ordinary class-books, does not impress the subject-matter more fully upon the minds of the students, even if it opens the door to the lazy ones of copying rather than composing. Any way, when young men will have at the professional examinations for their diplomas to put their knowledge on paper, it is a matter of importance that they should be accustomed to the exercise; and the mere concentration of thought necessary for the purpose cannot fail to be useful to the student, and may in some cases present all the delight of a new sensation.

Medical Annotations.

"Ne quid nimis."

THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE meeting of this useful body on Wednesday last was interesting for the best of reasons. Not only is the Association prosperous, but it is entering into the discussion of matters of great public interest, as to which it was high time that the medical profession showed a sense of its own responsibility. It is not enough that medical reformers should point out abstract principles of hygienic or of humanitarian progress on the one hand, or that medical men should struggle to improve their own social and pecuniary position, on the other. What is most necessary, and what has unfortunately been especially lacking, is a certain faculty of statesmanship; a power of looking at medical science and medical interests as they are connected with the politics and with the social life of the whole nation. In endeavouring to show the profession and the public that their interests are everywhere identical, and that fair liberality towards the medical attendants of the poor means economy of human life and health, and economy also of the funds of the hardly-pressed taxpaying classes, the President and the Council of the Association have done good service. We have already called attention to the President's previous exposition of the economic results of the better pay and social position which Irish Poor-law medical officers enjoy, as compared with their English brethren. He now undertakes to show that the excellent organisation of the Irish Poor-law service has probably had most important results in checking the spread of epidemic diseases; and in particular, that the difference between the mortality (in proportion to population) in England and in Ireland is so remarkable that, after making all necessary deductions for the disastrous influence of the great towns of England, there is great reason to think that the Irish system saves many lives, by checking the spread of fevers. The stamping out of small-pox in Ireland has been mainly due to the efficiency and zeal of the Poor-law medical officers. It is impossible, surely, that Mr. Goschen can refuse his serious consideration to the powerful arguments which are being pressed upon him for a complete reform in the organisation and pay of the English Poor-law medical service.

MEDICINE, DISEASE, AND DEATH.

DR. CHARLES ELAM, the author of certain papers designated as above, which appeared in THE LANCET in April and June last, has republished those papers in a book, together with our own criticisms upon them, and some additional matter in support of the views held by him.

We gather from Dr. Elam's preface to his book that he is not well pleased because we declined the publication of a rejoinder to our criticisms which he forwarded to us. His reply, as he correctly states, "was not considered, when received, to be in suitable form, and, consequently, it did not appear." But when he goes on to say that "the astute reader will have no difficulty in divining the true objection to it," he so evidently misunderstands the motives by which we were actuated, that we are under the necessity of stating, as a simple fact needing very little astuteness to comprehend, that the demands of scientific meetings and other matter on our space at the time put it quite out of the question that we could find room for a communication upon so unattractive a theme as statistics, and extending over three or four columns. Besides, the reply appeared to us to be in the main a reiteration of the arguments used in Dr. Elam's former papers, without any new light being cast upon the points at issue, and, as we were not minded ourselves to "slay the slain," we thought that the controversy might reasonably be allowed to rest where it had previously been left. Of course we regret that Dr. Elam is unable to acquiesce in the propriety of our decision, but he may be assured that neither fear nor disrespect prompted the course adopted.

Having said thus much, we should have been glad to mentally shake hands and let the subject drop. But it is only fair to acknowledge that in his book (at pages 41-2) Dr. Elam has succeeded, evidently by an after-thought, in convicting us of a little want of clearness in the terms of a *foot-note* to our article in THE LANCET of July 17th. It will be remembered that Dr. Elam, after postulating an increased death-rate, submitted as alternative propositions either that disease in the aggregate had vastly increased, "of which," he said, "we have no evidence whatever," or else that the power of medicine in arresting it had materially diminished. To show that we had some evidence of the relation between an increased mortality and a greater prevalence of disease, we, at the last moment before going to press with the article, appended a foot-note, referring as follows to Dr. Ballard's annual report on the health of Islington, just then put into our hands:—

"In 1867 the public medical officers [of Islington] treated 34,692 new cases of disease, whereas in 1868 they were called upon to treat 40,302 of such new cases; the general death-rate of the parish being 19·9 per 1000 in the former, and 20·7 per 1000 in the latter year. That is to say, the cases of sickness increased 16 per cent. in the year, and the deaths 9 per cent."

Now Dr. Elam thinks he has caught us tripping in our arithmetic here, and he makes a little capital out of this assumed inaccuracy, as of course he would be quite justified in doing were he right and we wrong. "The difference," he says, "between 19·9 per 1000 and 20·7 per 1000 is not quite *one hundredth part* of 9 per cent."; thence he rather

triumphantly infers a want of competence on our part to deal with figures and criticise others. He is quite welcome to whatever gratification may be derived from an admission that our foot-note would read more satisfactorily to us now had we been more explanatory and said that "as the deaths in 1868 were 4373 against 4009 in 1867, there was an increase of 9 per cent. in the *deaths*, as compared with an increase of 16 per cent. in the cases of sickness treated." It probably did not occur to us at the time that our article might get into the hands of persons who were not aware of the important difference implied in the two terms "death-rate" and "deaths," or that to compare an increase between two simple factors with an increase between the ratios of two compound factors would be a strangely fallacious method of statistical comparison.

Of Dr. Elam as a statist we take leave, in the hope that it may be our pleasure on some future occasion to meet with him in connexion with subjects of medical inquiry upon which we may be in accord.

THE NEMESIS OF FASHION.

PROFESSOR BLACKIE has been lecturing to the Edinburgh people on beauty. He wished women could be prevailed on to dress according to the laws of reason, and not according to the practice of unreason, which constituted the monstrous ideal that was called fashion, and which was worshipped in that very glaring, glittering, and vicious place called Paris. If they could be prevailed upon to dress themselves in spite of fashion, they would dress well.

There is another phase of this question which, at the present time, when very cold and foggy weather prevails, it may not be inopportune to dwell upon. Unfortunately, ladies are so much the slaves of fashion that they totally disregard all prudential considerations, or they would not voluntarily encounter the risks they run in the matter of health. A lady will be clad all day in a high, close-fitting dress of warm material, and she will supplement this by a sealskin or thick shawl; but in the evening, whether at public or private places of entertainment, she must appear with bare neck and shoulders, totally regardless of the consequences. That these often prove disastrous is a matter of common sense and common observation. Exposure to draughts can scarcely be avoided, and sore-throat, bronchitis, or pulmonary congestion is the consequence. In going into a theatre before the place has become warmed delicate women may be seen discarding their wrappers, and occasional movements of chilliness betray their sensitiveness to the impressions which the cold air is making on them. After a time, this passes off as the place becomes hot and stuffy; the lungs accommodate themselves to the vitiated atmosphere; and when the system feels depressed and wearied, they move to depart into the cold passages and outer air, sometimes before they have fairly adjusted their wrappers, and the feeling of chilliness is renewed and continued as they whirl home in their carriages, or in draughty cabs. The "cold" contracted in this way passes into a cough; and if the patient be at all delicate, it often ends in the visits of physicians, and the advice to winter abroad.

MEDICAL CERTIFICATES AND THE VACCINATION ACT.

WE have a great respect for medical certificates, especially when provision for them is made in an Act of Parliament. It was, therefore, with very mixed feelings that we heard of the decision of the Court of Queen's Bench, in the case of Allen *v.* Worthy, that the certificate of a medical man of the unfitness of a child for vaccination was not an absolute bar to legal proceedings against a parent for not having his child vaccinated. In this particular case the parent had been once convicted, and, as he thought, had sheltered himself against further proceedings by a medical certificate of unfitness, for which, as our readers know, a form is given in the Vaccination Act.

Unquestionably the Act, taken in its simplicity, would imply that a certificate in the Form B would be a complete warrant for the time it lasts (two months) for non-compliance with the Act. And few things are more offensive to the profession than to have a non-professional magistrate, or even judge, disregarding a medical certificate. But we must take one or two other points into consideration. First, that the law courts are the supreme authorities on the right construction and intention of any particular Act, and that this authority extends to the consideration of the way in which any given provision of the Act has been complied with. And there are many reasons why this should be so. Secondly, we must consider the fact that even in the medical profession there are very foolish men—men who consider vaccination a curse, and small-pox a blessing; who, by their biased certificates, might frustrate the most beneficient designs of the Act of Parliament. Clearly a medical man who believes vaccination always to be a wrong thing is entitled to no consideration when he certifies that at any particular time it is a wrong thing. He is out of court for this particular purpose, and a magistrate ought to have the right of ascertaining whether any given certificate is from a man of this order. The utter nonsense which a few men of this kind have been talking at anti-vaccination meetings of late is enough to make the profession blush. It is, therefore, a comfort to know that the law can sit in judgment on the respectability of any certificate that is procured. Magistrates will, on the strength of this judgment, only reject certificates that are supplied by men who are known to be crotchety or biased.

SANITARY CONDITION OF GLASGOW.

IT is high time that the older and poorer quarters of Glasgow should undergo some of the improvements which have of late years been conspicuous in the west-end. The commercial capital of Scotland, as she has been justly termed, is subject to conditions which render the periodical inspection, and, indeed, the permanent re-adjustment, of her dwellings for artisans, imperative. She is open to Celtic immigrants from the Highlands of Scotland, and from Ireland, and these contribute annually to fill her poorer quarters to excess. Mainly owing to the enlightened labours of her distinguished officer of public health, Dr. W. T. Gairdner, her corporations are now thoroughly awake to the necessity for a thorough reform in her sanitary condition. With the view of ascertaining what had been done to the same end in other large towns similarly circumstanced, a deputation from her Police Board visited Bristol, and on its return embodied the result of its observations in the following suggestions:—First, the staircases of the buildings tenanted by the working classes should have an opening to the roof, while through and through ventilation should be secured in the lobbies; second, some simple means of ventilation beyond the control of the inmates should be introduced into every apartment; third, every dwelling should have a water-supply and requisite conveniences, the latter to be so constructed as to prove the least unpleasant or pernicious; fourth, the surfaces of all courts and alleys should be paved with some impenetrable and durable material, so that the possibility of filth or stagnant water accumulating should be obviated; fifth, the police should enforce with the utmost strictness the existing regulations for keeping stairs and closes clean; sixth

a staff of sanitary officers should visit from house to house and inculcate sanitary laws on their inmates; and, seventh, the practice in force at Bristol under the direction of Dr. Davies, by which the germs of typhus fever are destroyed by powerful chemicals, should be adopted. The deputation is strongly impressed with the self-contained cottage-plan of building as seen in Bristol and other English towns, and recommends the same to Scotch architects. On the motion of the Lord Provost, the Police Board appointed a Health Committee to carry out the suggestions of the report, and, generally, to obviate the excessive death-rate of the city. What with her great wealth, the enterprise and energy of her citizens, and the presence of such an able hygienist as Dr. W. T. Gairdner, Glasgow might make herself a model of sanitary efficiency. She can endow and reconstruct her University on a splendid scale. Why not be equally munificent in the hardly less important enterprise of making epidemic disease a stranger within her gates?

THE LESSONS OF PANICS.

THE points of the dreadful accident at Liverpool are the presence of a drunken man in the school-room, with whom the disturbance originated, the faulty construction of our public places, and the very absurd behaviour of public audiences. It is sad to think that a sober audience should deport itself, even in a church, with very little more sense than a drunken man; and yet this is about the fact of the case. Drunken men, it seems, will be always with us, to judge from the acquiescent tone of writing on this vice. But surely people that are not drunk might learn to behave more soberly. The frightful results of this accident, and of the recent Bristol accident, should do something to frighten people out of the panic tendency. We have not the same accidents from fire as we have from panic, and we should dread panic more than fire. There need not have been one life lost at Liverpool if the people had acted quietly, and as, singly, they would have acted. It is too much to expect a huge congregation, especially if it be both Irish and religious, to be sober when its fears are aroused; but one of the morals of the Liverpool accident is to show the power of a few quiet persons over others that have lost their reason. All accounts agree that the priests acted judiciously, and saved many lives. There are two other morals in this tragedy; that a drunken man is a very dangerous man, and ought not to be at large; and that our places of resort should be immediately adapted to the chance of panic.

RELAPSING FEVER IN INDIA.

DR. MURCHISON and others have been lately detailing their experience of relapsing fever in this country. It may not be generally known that this disease has on more than one occasion prevailed very extensively in certain parts of India. We lately traced its occurrence there in connexion with the return of the muleteers who accompanied the Abyssinian expeditionary force; and we have been favoured by Dr. Bateson, of the Bengal army, with copies of some able documents which he drew up on the subject of the prevalence of this disease in the jails of the Punjab. Dr. Bateson very distinctly traces the connexion of the specific Umballa jail fever of 1864 with the arrival of a gang of prisoners from Delhi, the foul air of the dormitories during the sultry, humid August, when the jail was crowded, being the propagating medium.

In another document he fully discusses the causes that obtained during the spring of 1866 in the Umballa jails, when an epidemic of contagious jaundice fever (relapsing fever) again prevailed. The exceedingly contagious nature of the disease, and the long periods of incubation displayed in most of the cases, led to some important practical conclusions as to the best methods to be adopted to prevent its diffusion. It appears to have been more frequently fatal in India than in England.

THE ADULTERATION OF BEER.

ATTENTION has been called in Liverpool to the adulteration of beer as a presumed cause of delirium tremens, of furious intoxication, and of insanity. We do not know upon what evidence the indictment rests, as far as the above particulars are concerned, but there can be no doubt that the beer supplied to public-houses of the lower class is "doctored" to an extent that makes it simply a narcotic poison. We have been assured by a brewer, holding many small public-houses, that any good and wholesome beer sent to them would be at once returned upon his hands. The consumers like to feel muddled by what they drink, and to procure this luxury at a small outlay. Labourers refuse to go to this or that house, saying that they had a pint there last week, and "felt nothing of it"; whereas they had a pint at such another one, and could scarcely get home. Verily, the labouring man is in an evil case. His supposed friends, the teetotalers, will not begin their reform at the beginning, by supplying him with wholesome water. They prefer to spout on platforms; and, if they practise what they preach, they can buy filters for themselves. His supposed political friends connive at the poisoning of his beer as a custom essential to free trade. And, lastly, there has come into existence a class of persons called "brewer's druggists"—all honourable men—who mix and sell the various ingredients by which beer is adapted to the tastes of the beer-shop frequenters. Were it not for their kindly interposition, some brewers might hold their hands for fear of going too far. As it is, they can buy, in a form ready for immediate use, the exact quantity of poison per gallon that can be put into their vats without fear of a coroner's inquest.

JOINT COUNTIES ASYLUM AT CARMARTHEN.

THE more the late tragedy at the Joint Counties Asylum in Carmarthenshire is looked into the less does it redound to the credit of the asylum authorities. All the efforts of the Coroner, assisted by the medical superintendent of the asylum, have failed to dispel that "conspiracy of silence" in which the attendants seem such adepts. From Llandovery workhouse, where he had conducted himself peaceably except occasionally at night, the deceased was conveyed to the asylum at Carmarthen. He was then able to walk from the workhouse to the omnibus, a distance of fifty yards; from the omnibus to the railway carriage; and, on arriving at Carmarthen, he walked across the railway. He made no complaint and no sign of injury till he entered the asylum. There begins the mystery. He became (it is alleged) unruly from disappointment at finding he was not going to "the works"; and after being for several days in this state, he was put into a padded room. On Sunday he was said to have had "a fall in the bath-room"; indeed, it was useless to hide the fact of his being hurt, as his head and ear were bruised, and his hand, not only bruised, but swollen. Mr. Davies, the assistant-surgeon, instead of examining him for internal injuries, took the keeper's word for it that these were all he had sustained. On the Wednesday, however, Mr. Davies suspected it to be a "case of broken ribs"; and while one witness says the patient could not complain because he was unable to speak, another says he swore. He died of pleurisy, and the post-mortem examination justified the assistant-surgeon's suspicions. The case is almost precisely parallel to those which occurred at Hanwell and

Lancaster. It is also parallel in the open verdict, which was all that the jury could return. The medical superintendent and his assistant are not accused, or even suspected, of violence; but they are clearly chargeable with failure to prove proper surveillance over their subordinates. We have not, of course, heard the last of this or of the other cases; but we hope the Commissioners will not conclude their report without recommending some means of making the superintendents of asylums more responsible than they now are for the conduct of those under their control.

PROTOPLASMIC MASSES IN THE LIVER.

Two or three years ago Peremeschko discovered the presence of masses of protoplasm in the spleen of the embryo; and his statements are supported by the observations of Kölliker and Cohnheim on the existence of similar masses in the pulp of the spleen, even in the adult. Dr. Schenk, having recently been engaged in investigating the history of the development of the liver in the rabbit, pig, and dog, describes similar structures. They are of large size, exceeding by from two to four times the magnitude of the ordinary cellular structures of the organ. Examined in the fresh state, they are rounded, and generally, though not always, destitute of a nucleus. Placed in a one-per-cent. solution of common salt, or in iodized serum, and at a temperature of from 80° to 90° Fahr., they may be observed to protrude rounded processes, and again retract them; and these changes of form are accompanied by a certain amount of locomotion. In preparations hardened in alcohol, they are spheroidal or oval, sometimes furnished with processes. The protoplasm is granular, and provided with one or several nuclei. Dr. Schenk professes himself unable to determine whether the nuclei only make their appearance as a post-mortem result, or whether they are picked up by the masses of protoplasm in their peregrinations. The expression of the latter view is indeed a reaction from the doctrine current some years since, that the nucleus was the essential part of a cell.

LUNATICS AND FRIENDLY SOCIETIES.

THE question as to whether lunatics are entitled to sick allowances from Friendly Societies has been submitted to Mr. Elliott, one of the Lambeth police magistrates. Mr. Elliott stated that he could not give a magisterial opinion; but, after full consideration, he did not think that the strong opinion of Mr. Tidd Pratt could be supported, "that in no case of insanity would the managers be justified in giving relief to a member so afflicted." Mr. Tidd Pratt defined "sickness" to mean "a state of bodily disease, being a derangement of the functions of the body." But Mr. Elliott observed that it should be well known that insanity frequently arose from such derangement, and was caused by it, and in such cases, on medical certificate, relief would rightly be given. He was sorry not to concur with Mr. Tidd Pratt; and after the opinion of so high an authority he would recommend that the order upon the treasurer for relief should be granted, and the opinion of a superior Court taken. Mr. Elliott thought the sanction of the Secretary of State would enable them to add something to their rules in order to meet such cases.

We have already noticed the main objections to giving insanity a claim—viz., the inadequacy of the usual payments to meet such a grave contingency, and the difficulty in calculating the probable amount of risk.

We would again recommend that insanity should in all cases be exceptionally treated by arbitration, the member being permitted to receive at least the full value of the payments he had made. In the meantime we are of opinion that insanity is in all cases a dreadful form of sickness, loss of reason having far greater claims than loss of sight or limbs. No Society, therefore, can be justified in refusing the usual payments when the proper certificates are given.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting on Tuesday evening Dr. William Ogle read one of those thoughtful and suggestive papers, full of lucid and profound reasoning, upon the physiological bearing of pathological facts, with which he from time to time delights the Society. His subject on this occasion was Anosmia, or the absence of the sense of smell; and the relation of a few cases, observed by himself and others, led the way to an argument of singular interest upon the physical causes of special sensation, and upon the probable office of pigment in relation to the terminations of sensory nerves. The paper occupied some time, and the debate was protracted beyond the usual hour. The President justly remarked that the Society "could hardly be expected" to discuss the many points that were involved, and the speakers mostly confined themselves to asking questions, or to the description of other cases of anosmia that had fallen under their observation. With reference to the office of pigment, Dr. Ogle spoke of the well-known fact that white cats with blue eyes are deaf; and much amusement was caused by a suggestion, from one of the Fellows, that endeavours should be made to determine whether the special senses of grouse and of Arctic foxes were less acute during the season of their winter covering than at other times. The speaker omitted to point out in what way such an investigation should be conducted.

A WELL-CHOSEN APPOINTMENT.

THE vacancy at the Plymouth Hospital, caused by the retirement of Dr. Stirling, R.N., to which we referred last week, has been filled by the appointment of Surgeon Ahmuty Irwin, R.N., a highly distinguished naval medical officer. The appointment may possibly be cavilled at in some quarters on the ground that the appointment is nominally that of "Staff-surgeon and Medical Store-keeper," whilst it must in all probability be some months before Mr. Irwin will attain the rank of Staff-surgeon. Before, however, the rank of staff-surgeon was created some ten years back, this very office was always filled by a naval surgeon; and there can be no reason why the precedent should not be again followed when the exceptional circumstances of the case demand it. That this is so in the case of Mr. Irwin must, we think, be generally allowed when we say that that gentleman served with distinction in the Crimean War, both afloat and in the arduous duty of the trenches; that he was present at all the fighting of the recent Chinese Wars; and that he is the only medical officer of the navy who has received three foreign orders. Mr. Irwin is a Knight of the Legion of Honour, has received the Medjidie of the 5th class, and also the Imperial Order of Valour of the 1st class. That he should still be only a surgeon of nearly fifteen years' standing shows how little merit has had to do with the distribution of rewards under former naval administrations; and we congratulate the present Director-General on stepping out of the ordinary routine to reward what must be allowed to have been exceptional services.

NEW OPHTHALMIC INSTITUTION IN GLASGOW.

FEW public charities are more deserving of encouragement and support than ophthalmic institutions, where the poor who could never afford to pay for advice may have something like medical aid for affections of the eyes. Such an institution has long been required in the west end

of Glasgow; and it has found a promoter in a gentleman well known for his public spirit and liberality—William Ewing, Esq. A provisional establishment of the kind has been in working for the last twelve months in Bath-street; and while as many as 1000 out-patients have received gratuitous advice and care, in-door accommodation has been afforded to 60 patients whose eye-affections demanded more elaborate treatment. The new institution is to stand in West Regent-street, where Mr. Ewing's initiative has been effectively followed up by other gentlemen, like Lord Stair, the Lord Provost, Mr. Graham, M.P., and Mr. Orr Ewing, M.P. The medical staff will consist of Professor G. H. B. Macleod, consulting surgeon; Dr. Charles Ritchie, consulting physician; Dr. Wolfe, acting surgeon; and Dr. Adams, physician. The class of patients whom it will directly benefit are the operatives in the large manufactories and iron foundries in the south and north-west of the city.

COMMITTEE OF THE BRITISH ASSOCIATION FOR THE UTILISATION OF SEWAGE.

SOME two months ago, the committee of the British Association for the Utilisation of Sewage issued a circular to the municipal authorities of the larger towns throughout the kingdom, calling on them for co-operation and pecuniary assistance in carrying out the requisite investigations. A considerable number have responded to the appeal, and among them are such townships as Paisley, in Scotland, and Dewsbury, Wakefield, Coventry, Plymouth, and Devonport, in England. A great many more than have yet subscribed will be required to do so before the sum (£2000) which the committee considers necessary for its purpose will be made up. On the 15th of next month, a committee meeting will be held to report on the assistance already received, and on the steps to be taken for the future. If the funds subscribed prove insufficient, the committee will dissolve, and return the subscriptions to their contributors. Before this consummation, so devoutly to be deprecated, come about, we trust a vigorous effort will be promptly made, and the committee's programme, so fraught with present and prospective advantages to sanitary, agricultural, and economic science, get a fair chance of being carried into execution.

ANOTHER VILLAGE FEVER NEST.

INFORMATION having reached the Privy Council Office of the prevalence of fever in the parish of Kingswinford, the Medical Officer of the Council has written to the Brierley-hill local board (within whose jurisdiction the parish is situate) calling attention to the fact, and to the use of contaminated drinking water and the existence of nuisances, as the probable causes of the outbreak. This letter appears to have set the local authorities upon a course of investigation, which has revealed the too frequent accessories of foul and insufficient privies, filth, and cottages unfit for habitation. Samples of the well-water used have been sent for analysis to Dr. Hill, of Birmingham, and the local sanitary inspector has been directed to see to the amendment of sanitary defects. So there will be one other corner in the land where sanitary measures are giving relief long needed by the victims of filth and its attendant evils. A member of the local board was curious to know how the Privy Council became aware of the condition of this obscure village, and the reply of an official was that "one of the medical gentlemen of the town has informed them of it." This is just what we should have guessed to be the state of the case from our knowledge of the fact that it is by the disinterested and frequently ill-requited efforts of medical men throughout the country that local sanitary reforms are in nine cases out of ten brought about.

DR. NÉLATON.

THE great French surgeon has been labouring under indisposition, due not only to severe professional toil, but also, we regret to hear, to domestic affliction. Some days ago he left Paris for Nice and Italy, on a tour of relaxation. His last place of resort has been Naples, whence, it is stated, he has just been summoned to Rome to attend the Portuguese Ambassador, Senhor Lavradio, who is seriously ill.

VACCINATION IN JERSEY.

WE read that an unsuccessful attempt has been made to render vaccination compulsory in Jersey. A Bill for the purpose was introduced into the States, but was rejected by twenty-five votes to five, the bailiff, who presided, having stated that it would be useless to render vaccination compulsory in Jersey when the compulsory law was likely to be repealed in England! We do not in the least know how Jersey is governed, but, unless it is to be kept as a terrible example, we cannot conceive that it will long be permitted to resist the course of sanitary improvement. According to a very old *Punch* (and we do not see why *Punch*'s history should not be as good as any other), the great Duke of Wellington once threatened, during some Jersey disturbance, that if the people there would not be quiet, he would send over half-a-dozen pioneers, with orders to dig up the island, and to bring the earth to London in flower-pots! We do not suggest so decisive a measure as this, but if the islanders desire small-pox, they should certainly be made to have quarantine into the bargain.

HEALTH OF THE EMPEROR NAPOLEON.

WE are in a position to state that there is absolutely no truth in the report that the Emperor has experienced a return of his rheumatic seizure. Dr. Ricord has not been required to attend at the Tuileries for the last fortnight.

THE TEDDINGTON MEDICAL OFFICER.

WE learn that Mr. Clement, the Poor-law medical officer of the Teddington district, has sent in his resignation of his appointment, and thus the Poor-law Board will be saved the trouble of adjudicating between him and the Kingston Board of Guardians. Under these circumstances it will be unnecessary for us to discuss the merits or demerits of the case, but we cannot but regret that Mr. Clement should have addressed to the Board a letter of such a character as that he thought fit to send them when the charge of neglect was first made against him. The Board of Guardians has determined to take advantage of the vacancy to divide the district, which is a rapidly increasing one, appointing one medical officer to Teddington, and one to Hampton Wick.

ST. GEORGE'S HOSPITAL.

THE governors of St. George's Hospital have been naming the new wards. One has received the name of "John Hunter," another of "Brodie." This is the first time since the foundation of the hospital that a name has been selected from the medical staff, notwithstanding the long list of medical and surgical celebrities attached to that institution.

CORONERSHIP OF EAST BERKS.

THIS district has just elected as its Coroner Mr. W. Weedon, a solicitor at Reading. The next candidate in electoral favour was Mr. James Sewell, M.R.C.S. Eng., who is certainly entitled to the thanks of the profession for his spirited assertion of its claims to such a post as that of coroner.

THE HOMICIDE IN PARIS.

Our Paris correspondent sends us the following authentic account of the wound:—

The bullet, which was of a cylindrico-conical form, penetrated into the right ventricle, in the upper part, and quite near the interventricular groove. The orifice of the wound presented a triangular shape. Opposite the opening of the wound, on the interventricular wall, there existed a marked contusion. The bullet *struck* against the interventricular partition, and having thus become deadened, was driven out of the heart by the blood. Dr. Bergeron discovered it mixed up with clots of blood in the posterior cul de sac of the right pleura.

DISPENSARIES IN BETHNAL-GREEN.

The proposed arrangements for the introduction of dispensaries in Bethnal-green are, we are glad to say, at an end. They were rejected by the medical officers, and the whole subject will be reconsidered. The medical officers not permanently appointed have been re-appointed for a period of three months.

ROYAL COLLEGE OF SURGEONS, IRELAND.

It is expected that the powers conferred on the Council of this body will allow them shortly to take into consideration the advisability of allowing Licentiates of the College of long standing and good professional character, to become Fellows on sending in a thesis on a given subject; thereby exempting such candidates from an examination in pathology and comparative anatomy.

THE NORTHAMPTON GUARDIANS AND THE VACCINATION ACT.

We are very glad to learn that the Northampton guardians have come to their senses in regard to the Vaccination Act. The question was reopened by a firm letter from the Lords of the Privy Council; and the resolution to carry out the Act was passed by a majority of six, ten voting against that course, and sixteen in favour of it. The next best thing to doing right is to undo that which was wrongly done. So we shall not further reproach the Board with its former conduct. It would, indeed, be a most responsible thing in any Board to refuse to apply so important an Act of Parliament, involving life and death. The previous vote of the Board was so obviously wrong that mere reflection may have brought the majority to see their error. If our own strictures on their behaviour have had any effect, we can only rejoice that we made them.

HEALTH OF THE POPE.

The Pope has borne up wonderfully amid the constant demands on his energies, physical and mental. Within the last few days he has been suffering from catarrh, which, in an unusually severe form, is now epidemic in the Eternal City. In spite of the indisposition, however, under which he visibly labours, he has not failed to discharge all the multifarious duties now claiming his attention.

FEVER AT COVENTRY.

On the occasion of Dr. Thorne Thorne's visit to Coventry to investigate for the Privy Council the causes of the prevalence of fever, he found the matter one of such urgency that he made a preliminary report to that department, stating that the immediate causes were bad drains and bad water, accumulations of filth, and, we presume, the usual conditions to be found in such neglected places. There have been 140 cases of fever in a population of 1200, but this is hardly to be wondered at when it is reported that there is an entire absence of proper drainage.

Professor Frankland, reporting on the quality of the metropolitan waters during the present month, states that a sample of the East London Company's water contained "much suspended brown matter full of living organisms," and that amongst these organisms "vibrios were found." Dr. Frankland remarks that this is the first occasion since he has examined the London waters microscopically that he has found in them these organisms, which exist abundantly in putrid sewage.

Mr. Joseph Morris, of Leamington, on retiring from the office of house-surgeon at the Warneford and South Warwickshire Hospital, after holding the appointment for upwards of six years, has been presented with a public testimonial, consisting of a handsome walnut cabinet, containing a purse of 130 guineas. The presentation was made at the residence of R. Baker, Esq., the vice-chairman of the hospital; and the testimonial was accompanied by an address, embodying a resolution passed by the Hospital Committee, testifying to his great professional skill, and the kind attention he had shown to the patients, whilst house-surgeon to the institution.

The post of Physician at St. Bartholomew's Hospital, vacated by Dr. Frederick J. Farre, M.D. Cantab., F.R.C.P., has been conferred on Dr. Reginald Southey, M.D. Oxon., F.R.C.P. London, Assistant-Physician and Lecturer on Forensic Medicine and Hygiene at the same hospital.

The registrar of deaths for Penryn writes to the *Western Morning News* to "do away with the idea" that fever has been excessively prevalent and fatal in that town. Out of 67 deaths occurring in the last six months, he says, "only 9 were from fever," which strikes us as being a rather high proportion, considering that the fever is designated as being only of a low type.

There was a marked increase last week in the deaths registered from scarlet fever in London, the number being 143, against 114 in the previous week. How very prevalent as well as fatal scarlet fever is all over the country may be gathered from the fact that in London and sixteen other large English towns 247 deaths occurred therefrom last week, the malady being especially fatal in parts of the borough of Sheffield, to the extent of accounting for 18 out of 36 deaths from all causes.

We observe that the mortality in Bristol has been remarkably high for some time; its annual death-rate last week was greatly above that of any other of the large towns in the Registrar-General's list.

The managers of the Dublin Cow-pox Institution, in their annual report, suggest that the parent or guardian of a child who has been inoculated with small-pox should be punishable as well as the inoculator; and that a reward of £50 be given to the informer, to secure convictions.

The guardians of the Clifton Union have, it is said, been surcharged to the tune of £300. They built a new fever hospital, and spent £250 more on it than was sanctioned by the Poor-law Board; and the same want of sanction applies to £50 spent on some legal assistance. The guardians will, therefore, have to pay the £300 unless the Poor-law Board relents.

AT a recent meeting of the Metropolitan Sick Asylums Board, it was stated that, although relapsing fever had abated as regarded the whole metropolis, it was still prevalent in Whitechapel, St. Giles's, and Camberwell.

THE vacancy in the City of Dublin Hospital, caused by the death of Dr. Geoghegan, has at last been filled up by the appointment of a Mr. Purser, a nephew, we believe, of the late Dr. Geoghegan. The money paid by the successful candidate will, we understand, go to the family of the deceased gentleman.

SIR W. STIRLING-MAXWELL has declined the Rectorship of the Aberdeen University, and a fresh election will be necessary.

AT the preliminary examination in Arts at the Royal College of Surgeons, Ireland, held last week, 38 candidates presented themselves, 31 of whom received certificates.

IT has been announced that the Earl of Dudley intends to give a donation of £1000 towards the new Kidderminster Infirmary.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE Quarterly Meeting of this Association was held at the Freemasons' Tavern on Wednesday evening last, Dr. Rogers in the chair. The report of the council was presented. It contained an allusion to the death of Mr. Richard Griffin. It congratulated the members on the prospect of introducing dispensaries in the metropolis. But the council object to the proposal to place the sick poor in the charge of resident medical officers restricted from private practice. They ask for such a reduction of manual labour in dispensing medicines, &c., as shall set their time free to attend punctually and with diligence upon a moderate number of patients. The council call upon the members of the Association to use their interest with members of the House of Commons in favour of the Superannuation Bill, which will be introduced by Dr. Brady. And they report having taken an active part in forwarding the registration of disease. A scheme was submitted to the President of the Poor-law Board, who endorsed the principle.

The PRESIDENT, in moving the adoption of the report, congratulated the Association on the signs of activity at the Poor-law Board. But he regretted that so large an initiative should have been permitted to boards of guardians, and that the Board have not determined what is desirable to be done in each union, and also the requisite number and classes of officials. "It is generally believed that the Poor-law Board has not the power of initiative; that it can do nothing besides making suggestions. This notion must be practically incorrect; for if it be compulsory on local boards to submit their resolutions to the central office for confirmation, it is evident that the Poor-law Board could control many matters which they now leave to the guardians to decide; and I contend that in this question of the establishment of dispensaries, &c., it was incumbent on the Board to lay down general principles to guide the guardians, who can have no practical knowledge of the subject of the efficient treatment of the out-door sick. The Poor-law Board should also have established the principle of uniformity of payment, seeing that the salaries are drawn from a common fund, and in the case of the medical officers, to the extent of half, from the consolidated fund. Why could not Mr. Goschen submit the consideration of this important subject to a commission of practical men? This might consist of the two medical inspectors, two or three district medical officers of experience, and certain of the chairmen of boards of guardians. Such a committee could devise a scheme for uniformity in districts and stipends, which would, I feel certain, give general satisfaction. There is a precedent for this in the Cubic Space Commission." Dr. Rogers then combated the statement that the salaries of medical officers had advanced in any proportion to the increase of duties; and he quoted a letter in *The Times* of twenty-two years ago as being as applicable now as it was then. In consequence of inefficient domiciliary treatment, the workhouses had been converted into gigantic hospitals, and the expenditure on in-door relief had considerably more than doubled in England generally, and in St. Pancras and other populous places had more than trebled. In Ireland no such alarming increase had taken place; but whilst in Ireland the expenditure on medical relief was one-sixth of the total expenditure on the poor, in England it was only one twenty-seventh. Dr. Rogers also drew attention to the respective mortality in the two countries, and stated that if the mortality in England were the same as that in Ireland, there would be an annual saving of 120,000 lives. The population of Ireland is, in round numbers, one-fourth of that of England; and yet there is an excessive mortality in the latter under every form of zymotic disease. In 1864 the deaths were as follows:—

	Ireland.	England.
Fever, including typhus, typhoid, infantile remittent	5152 ...	20,308
Scarlet fever	2635 ...	29,700
Diarrhœa	1962 ...	16,432
Measles	630 ...	8323
Whooping-cough	1735 ...	8370
Small-pox (epidemic that year; since fallen off to *nil* in Ireland)..	854 ...	7684

Such figures as these need no comment. Dr. Rogers thought there could be no doubt that these results were due to the operation of the Irish dispensaries; and he concluded by again urging their adoption as being advantageous to the poor, and economical in a public point of view.

Dr. WELSH, of Bethnal-green, seconded the report, which was adopted unanimously.

Dr. BENSON BAKER proposed, "That it is inexpedient to reduce the number of district medical officers, or to appoint resident medical officers only on the establishment of dispensaries in the metropolis; and that it would be impolitic to reduce the salaries of the medical officers because the drugs are to be henceforth provided at the public expense." He said that he would not be exclusively a pauper doctor for £500 a year. Pauper work needs to be associated with the refreshing privilege of going into a drawing-room, if the officer is not to degenerate and lose all interest in his professional or social advancement. The plan had been tried in Marylebone and had failed. With respect to finding drugs, it was a mistake to suppose that the medical officer would benefit most. It would be the poor first, for he believed it impossible for medical officers to supply the best drugs on their present salaries.

Dr. STALLARD seconded the resolution, which was supported by Dr. Dudfield, who stated that in the workhouse under his charge the drugs cost much more than his salary was, when first appointed, although he endeavoured to exercise all possible economy. The drugs at Poplar cost much more per medical officer than the salaries in Bethnal-green.

It was also resolved that the council should petition Parliament in favour of the Superannuation Bill for England, and in favour of a proposal, which will be submitted to the House of Commons by Dr. Lyon Playfair, M.P., to consolidate the hygienic services of the State on the Irish system.

The meeting terminated by thanks to the council, officers, and chairman.

THE HAMPSTEAD FEVER HOSPITAL.

THE Metropolitan Asylums Board deserve the highest credit for the prompt and effective operations they have made for the treatment of relapsing fever. It is less than six weeks since it became apparent that more hospital accommodation would certainly be necessary, and that contracts were entered into for the erection of what is called a temporary hospital at Hampstead, on ground which had been already purchased for a similar institution of a more

substantial kind. The contract provided that the building should be fit for occupation by the 20th, and on that day the East Grinstead sisterhood took possession, and have now so far completed the furnishing and arrangements as to permit of the admission of patients.

The wards are constructed of corrugated iron, lined with wood, and in the interval is a layer of impermeable felt. They are wide and lofty. In two of them the ventilation is effected by apertures near the floor, covered by double wire gauze, and openings near the roof; and in the third, Mr. Potts has carried out his system of ventilating at the upper part of the apartment by means of perforated zinc passages, and a cowl of peculiar construction on the chimneys. All the windows open both at the top and bottom. There are three double firegrates in each ward, and, consequently, there are six air chambers, which derive their supply of cold air from underneath the floor and deliver it heated to the room. Each ward is divided into two spaces by a glass partition. One contains twenty, the other ten beds—a provision which will enable the medical attendant to place the convalescent patients in a separate ward. The offices are conveniently placed; the scullery, lavatory, baths, &c., all that can be desired; whilst the coal-cellar is so arranged that the supply can be delivered into a cupboard from the outside of the building without the necessity of the porters coming in. The bedsteads are the best we have ever seen in any hospital out of a convict prison. The sacking is easily removed from the ironwork, and can be scoured with the sheets and blankets. The great prostration and emaciation caused by fever make it particularly necessary to secure a soft bed; and, according to experience at the London Fever Hospital, no kind of stuffing is so good as feathers. The beds are not large, but are well filled, and arrangements are in progress for washing and steaming them, so that they may be used over and over again. The administrative department contains the apartments for the surgeon, superintendent, nurses, and servants; also the kitchen, stores, &c. Near it are the patients' laundry, a disinfecting apparatus, and a store for patients' clothes. The whole building is lighted with gas, and supplied abundantly with hot and cold water. If, fortunately, relapsing fever should decline, and the hospital be not required to take in a single patient, we are convinced the money of the public will not have been spent in vain. It has demonstrated the possibility of erecting, at almost a moment's notice, cheap hospitals admirably adapted for the treatment of epidemic and contagious diseases.

In the Hampstead building the patients are or may be in a continual bath of fresh warm air, and if the occasion of using it as a fever hospital were to cease, it might be advantageously adapted for any other class of patients; whilst if the whole hospital were pulled down and rebuilt every ten years, the expense would be trifling as compared with the cost of grander buildings.

With only one arrangement are we in the least dissatisfied. We are of opinion that all public hospitals should be in charge of visiting physicians, and in no case left to the sole management of resident officers. Without the least intention of reflecting upon the zeal and capacity of the gentlemen to whom is entrusted the duty of attending on the patients at Hampstead, we cannot but feel that their position is, morally speaking, inferior to that of perfectly independent visiting physicians, whose public reputation affords so strong a guarantee of good management and skilful treatment. The treatment of fever is always a matter of deep anxiety, and we cannot but believe that the regular visits of a skilful consultee would be really welcomed by the medical officers themselves. We would remind the President of the Poor-law Board that he is in some sense bound to carry out the arrangement we desire, since a pledge was given in 1867 by his predecessor, Mr. Gathorne Hardy, to a considerable section of the House of Commons, headed by Mr. Gilpin, that the institutions to be established under the Metropolitan Poor Act should in no case be left to the exclusive charge of resident medical men. We have no desire to put the public to unnecessary expense, but are convinced that the services of a visiting physician would be obtained without a serious addition to the annual outlay; indeed, if efficiency were increased, there would be true economy.

ST. BARTHOLOMEW'S HOSPITAL.

IN accordance with the intention expressed in our article of January 8th, the following memorial to the Charity Commissioners has been drawn up, and is ready for signature. It will be observed that there is nothing in the document that should prevent any governor of the hospital, who is anxious that the truth should be known, from signing it. "Persons interested in the welfare of St. Bartholomew's" may fairly include all citizens of Great Britain.

Signatures will be received at THE LANCET Office, or may be sent to the care of "M.D., Medical Club, Trafalgar-square." We have good reason for believing that the Charity Commissioners will be perfectly willing to accede to the request of the memorial.

To the Commissioners of Charities for England and Wales.

GENTLEMEN,—We, the undersigned persons interested in the good government of St. Bartholomew's Hospital, beg respectfully to invite your attention to the fact, that a number of statements have been made in the public press during the last year, and especially during the last four months, reflecting on the government of that hospital and the administration of its revenues; and that the governors of that hospital, so far as is known to us, have taken no steps to procure an impartial inquiry by other than interested persons into the truth or falsehood of those statements. And we respectfully ask you to institute such an inquiry, by one of your inspectors, or otherwise as may seem fit to you, into the matters alleged, as you may deem expedient.—We have the honour to be, gentlemen, your obedient servants,

(An enumeration of the statements, with references, will be annexed.)

Correspondence.

"Audi alteram partem."

SUPERINTENDENTS OF PUBLIC ASYLUMS.

To the Editor of THE LANCET.

SIR,—I observe that in the last number of THE LANCET you state that a power rests with the Commissioners in Lunacy to give or withhold sanction in the matter of the appointment of superintendents of public asylums. Also that, in support of your belief, superintendents are too much overworked properly to discharge their duties. You speak of their medical functions as pushed out of sight, and suppressed by their routine tasks as clerks and stewards.

I am sure that your object in this case can only be that which you have promoted in so many others, the public good; and I therefore make no apology for asking you to have the kindness to correct the errors into which, as to the above points, you have unconsciously fallen.

The Commissioners have no power to give or withhold sanction in reference to such appointments. Nor, overtasked as many superintendents may be, and as some undoubtedly are, by their medical, or generally administrative duties, are they now in any case ever called upon to share in any of the tasks which the regularly appointed clerks and stewards of the several asylums invariably and fully discharge.

It is my own decided opinion, if I may venture to give it, that many of the superintendents of the public asylums require additional assistance.

Your obedient servant,

Grosvenor-square, Jan. 24th, 1870. SHAFTESBURY.

*** Lord Shaftesbury attaches to our expressions a meaning which they were not intended to bear. By saying that the Commissioners sanctioned the appointment of superintendents who were so overworked that they could not

superintend, we meant, not that they sanctioned individual appointments, but that they sanctioned the general system. They are the recognised heads of the department, and they sanction everything against which they do not protest, or which they do not strive to change. Again, by "their routine duties as clerks or stewards," we did not mean to imply any absence of officials called by those titles, but to direct attention to the oppression of superintendents by an overwhelming weight of non-medical duty.—ED. L.

PROFESSOR LISTER AND THE GLASGOW INFIRMARY.

To the Editor of THE LANCET.

SIR,—The attention of the Directors of this institution having been called to two papers, by Professor Lister, inserted on the 1st and 8th instant, "on the Effects of the Antiseptic treatment," I am instructed by them to submit the following statement in reply to his remarks, so far as relate to the alleged unhealthiness and condition of this hospital, which are unfair and not supported by facts.

He states that the wards in the surgical house were, by his antiseptic treatment, "converted from some of the most unhealthy in the kingdom into models of healthiness." With reference to this, it may be observed that, according to the statistics given in Sir James Simpson's pamphlet, "Hospitalism," part ii., the average percentage mortality of six of the largest hospitals in Great Britain from amputations for injury is 47·28. The mortality in Glasgow Infirmary is 43·6; in the Edinburgh Hospital, with which Professor Lister is now connected, it is 51·3. In amputations for disease, the same authority gives a like average for the same hospitals of 30·70. The mortality in Glasgow is 33·8, and in Edinburgh, 35·6.

Our surgical hospital was opened in 1861, and I subjoin the number of cases treated each year, and the number of deaths, which the Directors believe will compare favourably with any similar hospital in the kingdom.

Year.	Cases.	Deaths.	Per cent.
1862	1507	127	8·43
1863	1905	136	7·13
1864	2078	166	8·
1865	2068	148	7·10
1866	2170	181	8·34
1867	2014	132	6·50
1868	2210	130	5·88
1869	2161	150	6·92

Professor Lister further affirms that he was engaged in a "perpetual contest with the managing body, who were disposed to introduce additional beds beyond those contemplated in the original construction," and that it is fairly attributable to "the firmness of his resistance in this matter" that these additions were not introduced. This statement the Directors positively deny. The surgical hospital contains eight wards, each sixty feet long, twenty-eight feet wide, and fourteen feet high. It was constructed to contain 200 patients, but was only at first fitted up to receive 168. In 1866, the managers requested their medical committee (who, by their desire, had, in the previous year, gone over the fever house and assigned the number of beds to each ward), carefully to examine the medical and surgical wards, and state how many patients, in their opinion, could properly be accommodated in each. On March 16, 1866, the number was fixed at 144 for the surgical house, since which time neither adult nor child has been introduced in excess of this number. The only "contest" which the managers ever had with Professor Lister, was frequently calling his attention to the number of cases which he had kept for an unusually long time in his wards, one-third of the cases under his charge having been in the hospital for a period averaging about 180 days; and although the practice is for each surgeon to receive patients on successive days, in rotation, he had more protracted cases than the other three surgeons combined. He quotes the statistics of ward 24. The records of the hospital show that from 1st January, 1867, to 31st October, 1869, when he left Glasgow, only 351 patients were treated by him in that ward, against 522 in the opposite ward (23) of the same size, or as nearly as possible two-thirds of the number received by his colleague.

Professor Lister states that he felt it "a questionable privilege to be connected with the institution." This is not very consistent with the application which he made after his period of service terminated, that he might be allowed to take charge of chronic cases without any remuneration.

He is also in error when he speaks of the male wards as being on a level with the ground behind the hospital, the fact being that the ground is twelve to fifteen feet below the floor of the lowest wards.

With reference to the cleaning of the wards which Mr. Lister had charge of, the same cleansing was applied to them as to all the other wards in the house.

He has fallen into a grievous mistake as to the pit-burying which he saw in St. Mary's ground. The pit in question was situated about sixty yards to the north-east of the hospital. Such interments were not made there till January, 1869, and they were stopped in October last whenever discovered by the Directors. How they could affect the healthiness of the hospital for years before they were commenced one is a little at a loss to conceive.

The Directors have no intention of discussing "the effects of the antiseptic treatment"; but in their opinion, which is shared by those of their number belonging to the medical profession, the improved health and satisfactory condition of the hospital, which has been as marked in the medical as in the surgical department, is mainly attributable to the better ventilation, the improved dietary, and the excellent nursing to which the Directors have given so much attention of late years.

The medical treatment has always been satisfactory to the Directors, and they at all times have been ready to receive from their medical officers any suggestions as to how the hospital could be improved, and these have never failed to receive their immediate attention.

I am, Sir, your obedient servant,
HENRY LAMOND, Secretary.

Royal Infirmary, Glasgow, Jan. 18th, 1870.

RELAPSING FEVER IN INDIA.

To the Editor of THE LANCET.

SIR,—A copy of the Report on "The Sanitary Administration of the Punjab," for the year 1868, by Dr. De Renzy, Sanitary Commissioner of that Province, has just come under my notice.

I quite agree with the Lieut.-Governor of the Punjab, "that this is a most valuable and interesting report;" it is a repertory of facts carefully observed, and suggestions to remedy the evils pointed out, of the most sober and practical kind, so put as to commend them to the good sense of those whose duty it is to act on them. What Dr. De Renzy has written on the all-important subject of water-supply is one of the most valuable contributions ever made to the cause of hygiene in India.

I regret, however, that in this report Dr. De Renzy has, very unintentionally no doubt, done some injustice to me. At p. 53 of the report I find the following statement.

"In the latest standard work on remittent fever (I allude to an article by Professor Maclean in 'Reynolds's System of Medicine'), some cases are described as examples 'of adynamic remittent fever' which I venture to think, and in this opinion Dr. Gray agrees with me, were in reality cases of relapsing fever. The following extract from that article describes many of the symptoms that characterised the fever of the muleteers. 'I (Dr. Maclean) was very familiar with cases of this kind when serving in the immediate vicinity of Hyderabad in the Deccan. From the malarious quarters of that densely populated and most unsanitary city I used to receive into the Residency hospital, during the autumnal months, a number of cases of this kind, presenting from the first signs of great depression; the fever after the second or third exacerbation becoming almost continued; the skin being yellowish and covered with petechiæ; the pulse exceeding 120, small and compressible; the tongue dry and black; the teeth covered with

sordes; and a disposition to hæmorrhage from nose, mouth, and bowels; and almost invariably delirium, with a tendency to coma.'

"In one of Dr. Maclean's cases, 'the symptoms,' he says, 'came nearer in their *ensemble* to those of true yellow fever than any he had ever seen in the whole range of our experience in the East.' Now the relapsing fever of the Punjab jails has over and over again been thought to resemble yellow fever."

I have to observe on the above—

1st. That I studied my profession in Edinburgh; that I was a pupil of Professor Alison's; that relapsing fever being a disease with which that great teacher of practical medicine was well acquainted, I was, when I went to India, much more familiar with its phenomena than with any form of malarial fevers.

2nd. That the cases I described were not cases of relapsing fever at all. They, one and all, as I have described, had distinct remissions and exacerbations; there was no cessation of symptoms on the fifth or seventh day; no apyretic interval for many days; no sudden relapse, with a return of the symptoms.

3rd. My cases responded to the free use of quinine,—a therapeutic test of itself enough to settle the question; for this remedy, so valuable, so indispensable in malarial fevers, has no power at all over genuine relapsing fever.

4th. In the class of cases described by me in the passage quoted, the rate of mortality is high, unless seen early, and treated with energy by quinine. The reverse is notoriously the fact in true relapsing fever, in which the death-rate, as in London at this moment, is much smaller.

Anyone reading the second paragraph of the quotation from my article would, as a matter of course, suppose that the passage quoted had reference to the Hyderabad cases; but if your readers will refer to the article, they will see at a glance that this is not the case. In fact, the passage beginning, "the symptoms came nearer, in their *ensemble*, to those of true yellow fever," refers to the case of Capt. B——, an officer of the Forest Conservancy Department, who was under the care of Dr. Cornish and myself. Now this gentleman was treated in Madras, *where he had come direct from a great jungle*; and his case was given by me as a typical one of remittent fever of the severest form, presenting some resemblance to true yellow fever in some of its symptoms. In this case, as in the others, there was no apyretic interval of days, no relapse at all, and Capt. B—— owed his life to quinine.

Dr. De Renzy adds: "It is of great practical importance that errors of this kind should be removed from the text-books on Indian disease." I submit that in this instance the "errors" cannot be laid at my door.

I am, Sir, yours faithfully,

Royal Victoria Hospital, Netley, Jan. 21st, 1870. W. C. MACLEAN.

PROFESSOR SYME AND THE EDINBURGH COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—I beg you will insert the enclosed letters.

Mr. Syme to Dr. Haldane.

January 15th, 1870.

My dear Sir,—Very unwilling to make erroneous statements, especially with regard to a body so respectable as the College of Physicians, I beg you will have the goodness to acquaint me with the "erroneous statements" to which you refer, that I may take the earliest opportunity of correcting them.

Yours very truly,

(Signed) JAMES SYME.

Dr. Haldane to Mr. Syme.

Physicians' Hall, Jan. 15th, 1870.

My dear Sir,—As my note to the Editor of THE LANCET was written by the direction, indeed, I may say to the dictation, of the Council of this College, I cannot reply to yours of this morning without laying it before the Council.

I am, yours very truly,

James Syme, Esq. (Signed) D. R. HALDANE.

A week having elapsed since the date of Dr. Haldane's letter without any communication from the College of Physicians, it may be concluded, as, indeed, I knew very well, that they have nothing whatever to say in support of their allegation that my statements regarding them were altogether erroneous. How far they have improved their position by this inconsiderate course, I leave the readers of THE LANCET to determine; but, for my own part, I must beg to say that I think they would have done more wisely by accepting my statements in a complimentary sense, since nowadays there is nothing deemed more creditable than an increase of income; and that the College has established no ordinary claim to this merit can hardly be denied by anyone who, recollecting the impoverishment of former days, has visited their present magnificent hall, or partaken of their splendid hospitality. The College may well say with Vespasian, "*Non olet.*" I am, &c.,

Edinburgh, Jan. 22nd, 1870. JAMES SYME.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE sad accident which occurred last Sunday evening at St. Joseph's Roman Catholic chapel in this town, by which fifteen persons lost their lives, has of course excited much attention. It is not necessary here to enter into the circumstances which brought about this great loss of life. They have been fully related in the pages of your contemporaries, and were of a similar nature to those which have led to like accidents before. A number of people crowded together in one building, a false alarm of fire, a panic, a rush, and at the point of exit two frantic streams of people meeting, the weaker overborne, and in fifteen minutes fifteen of their number crushed to death. Such are the broad facts. It may interest you readers to know what was the appearance of the dead, and what were the symptoms in those injured only.

To speak first of the dead. No outward signs of violence were found upon them; a perfectly pallid appearance when lifted from the steps within five minutes of the occurrence; no froth or blood issuing from mouth or nostrils; no fractured ribs to be detected. Three or four breathed a few gasps after being lifted. With the exception of one woman, whose face was suffused and discoloured, all the bodies presented a calm and placid appearance. Unfortunately, as far as I can learn, no post-mortem examination has been made; and, therefore, if internal injuries sufficient to account for immediate death exist, they are not known. There were three children, aged eleven, twelve, and seven respectively, five men, and seven women. Two of the men were above seventy years of age.

Of the five injured, and removed to the Northern Hospital, the symptoms presented were, insensibility, with throwing of the arms about, and fits of excitement; no peculiarity in the pulse—a state resembling (according to one of the resident surgeons of the hospital) what he had often met with in patients suffering from concussion of the brain. There were no bruises observed. The insensibility lasted in the most severe case between four or five hours, but was never complete, the patient being easily aroused. In another case the excited state of the brain for two days was extreme. These cases have nearly quite recovered. They have no recollection of the struggle.

The inquest is not yet concluded, but there is one point upon which all those who witnessed the accident seem agreed, and that is the very few minutes—not certainly fifteen—which elapsed from the commencement of the rush to the time when the dead were removed.

Liverpool, Jan. 26th, 1870.

Obituary.

MR. THOMAS G. WALES

(OF DOWNHAM MARKET).

HAD a stranger entered this town about two o'clock on Tuesday afternoon, and, walking through its streets, asked "For whom tolls the passing-bell?—on whose account has the place assumed the garb of sorrow?"—he would have been told "The town has lost one of its worthiest sons. We mourn because to-day are carried to the grave the mortal remains

of one who for nearly fourscore years lived amongst us, respected and beloved."

Thomas Garneys Wales, who is now parted from us, commenced his professional career with his father as "Wales and Son," surgeons, more than half a century ago. He was a man of strict integrity, high honour, and religious principle; his kindness of heart rendered his thorough knowledge of, and devotion to, his profession available at all times and in all seasons, equally to the poor as to the more prosperous. Thus he deservedly won the esteem and affection not only of those in this town, but also in the extensive surrounding district, where his name was a household word. Of him it may justly be observed, whatever his hand found to do he did it with his might. To use the words of one in humble life, who had known him well for more than twenty years, "He did his work himself, and never shirked his duty."

MR. OKES, F.R.C.S.

THE death of Mr. John Okes, of Cambridge, is announced at the age of seventy-seven. The deceased gentleman was a brother of Dr. Richard Okes, the Provost of King's College, and was for many years one of the surgeons to Addenbrooke's Hospital.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — At meetings of the Court of Examiners on the 25th and 26th inst., the following candidates, having passed the final examination for the diploma, were duly admitted Members of the College:—

Argles, Robert, L.R.C.P. Edin., L.S.A., Maidstone.
Barnes, Edgar G., L.S.A., Eye, Suffolk.
Baumgartner, John R., Great Yarmouth.
Boyer, Joseph J. W. R., M.D. Toronto, Toronto.
Cockrane, William B., Cradley, near Malvern.
Cogan, Lee F., Northampton.
Coleman, Henry W., Pontefract, Yorkshire.
Cumberbatch, Alphonso E., Great James-street, W.C.
Dayman, Barnfield, Everard-street, Russell-square.
Deacon, Henry P., Clapham, Surrey.
*Deane, John, L.R.C.P. Edin., Twyford, Berks.
Doudney, Edwin, Parramatta, New South Wales.
*Downing, E. H., L.R.C.P. Edin., Wellington-ter., New-cross.
Holroyd, William S., Hugh-street, Pimlico.
Irving, Charles, Long Bennington, Lincolnshire.
Latham, William H., Sandbach, Cheshire.
Leapingwell, William T. G., Oxford.
Manson, Richard T., Witton-le-Wear.
Maynard, Charles D., L.R.C.P. Lond., Hornsey.
McCann, Charles, L.S.A., Parliament-street.
Oldham, Charles J., Brighton.
Pearse, Francis J., L.S.A., St. George's-square.
Preston, Theodore J., Belsize-road, Hampstead.
Ranger, William G., Finsbury-square.
Saunders, Herbert J., M.D., Pensenhall, Saxmundham.
Skrimshire, Frederick W., Holt, Norfork.
Smith, George, L.S.A., Newcastle-on-Tyne.
Smith, Herbert A., L.S.A., Hatton-garden, E.C.
Squire, Robert H., Kilburn, N.W.
*Stedman, Frederick, L.S.A., Downham-road, N.
Stephens, Richard F., L.S.A., Penryn, Cornwall.
Tait, Robert L., L.R.C.P. Edin., Wakefield, Yorkshire.
*Taylor, Reginald, L.S.A., Liskeard, Cornwall.
Taylor, William B., L.S.A., Camberwell.
*Turner, Henry G., L.S.A., Petersfield, Hants.
Turner, Horace, Norwich.
Walker, Hugh E., Chesterfield, Derbyshire.
Wayman, Clement P. S., Great Thurlow, Suffolk.
White, Richard W., Norwich.

* These gentlemen passed in Surgery at previous meetings of the Court, and, having subsequently obtained medical qualifications, were admitted Members of the College.

Eight other candidates were admitted to examination on the above-named days, but failed to satisfy the Court of Examiners, and were referred for a period of six months' further professional study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 20th, 1870:

Bale, Henry Adney, Charlotte-street, Fitzroy-square.
Leake, George D'Alton Nugent, Twickenham.
Minors, Richard, Sudbury, Derby.
Stedman, Frederick, University College Hospital.
Taylor, Reginald, Liskeard.
Wilkinson, Thomas Marshall, Wanstead.
Wilson, John Henry Parker, H.M.P. Millbank.

As Assistants in Compounding and Dispensing Medicines:—

Foottit, Charles Miller, Marlow, Bucks.
Pilley, Henry Thomas, Boston, Lincolnshire.

The following gentlemen also on the same day passed their first professional examination:—

Alfred Henry Parker and Arthur Jackson Moore, of the London Hospital; Benjamin Rix and Edward Willis Way, of Guy's Hospital.

LONDON HOSPITAL.—Messrs. Oswald Baker, Ashley W. Barrett, and John Wilford Marsh, have been appointed House-Surgeons, vice Messrs. Robert W. Ceely, R. F. Hay, and John S. Hosford, who retired in rotation.

ANTHROPOLOGICAL SOCIETY OF LONDON. — The annual general meeting of this Society was held Jan. 18th, Dr. Beddoe, the President, in the chair. The report of the auditors showed the income of the Society in 1869 to have been £1091 9s. 5d., the expenditure £964 9s. 8d., and the balance in hand on the 31st December £126 19s. 9d. The report of the Council was read and adopted. The President then delivered the annual address, including a full obituary notice of Dr. James Hunt, founder of the Society. The ballot for the election of officers and council was taken, and the officers are—President: Dr. John Beddoe. Vice-presidents: Dr. H. Beigel, Captain R. F. Burton, Dr. Charnock, Dr. J. Barnard Davis, Captain Bedford Pim, R.N., and Dr. Berthold Seemann. Director: Mr. Thomas Bendyshe. Treasurer: Rev. Dunbar I. Heath.

COLLEGE OF PHYSICIANS, IRELAND, APPEAL CASE.—This case, which has caused so much excitement in Dublin, and has been already referred to in our columns, was expected to be decided last Friday, the 21st inst.; but, owing, we understand, to the absence of the Lord Chancellor, the Court held no meeting, and have adjourned *sine die*.

DR. BULLEN, the medical officer of the Lambeth Workhouse, whom the Poor-law Board insisted on dismissing, has, by the intervention of the guardians, been allowed another trial.

CHARITABLE BEQUEST.—The executors of the late Miss Mageough have handed over to the Governors of the Hospital for Incurables, Dublin, a bequest of £500 by that lady, towards the funds of that most deserving institution.

RELAPSING FEVER.—Mr. Hill, house-surgeon of St. Pancras workhouse, has reported to the guardians two more cases of relapsing fever, one from the casual ward, and one from the house. Dr. Thomas Stevenson, medical officer of health, has reported to the vestry that during the past month thirteen deaths occurred from continued fevers, but none from relapsing fever. This disease has, however, considerably increased in the parish, thirty fresh attacks having come under his notice, of which thirteen were treated at home, and seventeen were sent to the hospital—all were receiving relief. Twelve more cases have since come under his notice.

BRIGHTON AND HOVE DISPENSARY.—The annual general meeting of the governors of the above institution was held on Thursday afternoon in the Board-room, for the purpose of transacting the usual business of the charity, and electing an Honorary Physician in Ordinary, to succeed Dr. Hall, who had resigned. Mr. Somers Clarke, Honorary Secretary to the institution, read the Committee's annual report and financial statement for the year. Touching upon changes which had taken place during the year, in the officers of the institution, the Committee alluded particularly to the resignation of Dr. Hall, who had been Honorary Physician for a long series of years; and they unanimously passed the following resolution:—"That the Committee receive the resignation of Dr. Hall with deep regret, and with the warmest expression of the high sense which they entertain of the long and valuable services rendered by him to the Brighton and Hove Dispensary, extending over a period of nearly fifteen years, involving for himself an immense sacrifice of professional time in the midst of a lucrative practice, and conferring benefits on the many thousand patients who have had the advantage of his great skill and practical knowledge, especially in the diseases of women. And the Committee strongly feel that such lengthened and arduous services entitle Dr. Hall to the lasting gratitude of the patients whom he has attended and to the highest mark of approbation which the institution can confer, and with this view the Committee recommend that at the next general meeting Dr. Hall be appointed a Vice-President of the Charity."

Medical Appointments.

ANDERSON, Mr., of St. Mary's Hospital, has been appointed House-Surgeon to the Western General Dispensary, Marylebone-road, vice J. Waller, M.R.C.S.E., resigned.

BELCHER, WM., L.R.C.P.Ed., has been appointed Medical Officer to the Workhouse of the Bandon Union, Co. Cork, vice S. Wood, M.B., deceased.

BROWN, W., L.R.C.P.Ed., has been elected Public Vaccinator and Medical Officer of Health for the Parish of Balfron, Stirlingshire, vice J. Stockwell, L.R.C.P.Ed., resigned.

BURGER, A., M.D., has been appointed Honorary Assistant-Surgeon to the German Hospital, Dalston, for the treatment of out-patients.

CALCOTT, G. W. B., M.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Oundle Union, Northamptonshire, vice E. Webster M.R.C.S.E., resigned.

CARTER, W. F., L.R.C.P.Ed., has been appointed Medical Officer for District No. 1 A of the Bedminster Union, Somersetshire.

CHALDECOTT, H., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Upper or No. 2 District of the Dorking Union, Surrey, vice C. W. Chaldecott, M.R.C.S.E., resigned.

COLTHURST, R., M.D., has been appointed Medical Officer for the Keynsham or No. 1 District of the Keynsham Union, Somersetshire, vice J. Lodge, M.R.C.S.E., resigned.

FOSS, Mr. R., has been appointed a Medical Officer to the Stockton Surgical Hospital, vice W. Foss, L.S.A.L., deceased.

FOX, C. B., M.D., M.R.C.P., has been elected a Fellow of the Meteorological Society.

HANIFIN, J., L.R.C.P.Ed., has been appointed Medical Officer to the Milltown Dispensary District of the Killarney Union, Co. Kerry.

HOPE, W., M.B., has been appointed Physician to the Belgrave Hospital for Sick Children, vice R. E. Thompson, M.D., appointed Physician to the Hospital for Consumption, &c., Brompton.

HUME, J., L.R.C.S.Ed., has been appointed a Surgeon to the Dispensary, Jedburgh, Roxburghshire, vice J. Falla, L.R.C.S.Ed., deceased.

JEFFREY, W., M.D., has been appointed a Surgeon to the Dispensary, Jedburgh, vice Falla, deceased.

JOHNSON, H., M.D., has been appointed Analyst for the County of Salop.

KING, E. P., M.R.C.S.E., has been appointed Medical Officer for the Shirenewton District of the Chepstow Union.

LAWRENCE, A. G., M.D., has been appointed Medical Officer for the Caldicot District of the Chepstow Union.

MILES, J. F. M., L.R.C.P.Ed., has been appointed Medical Officer to the Workhouse of the Dingle Union, Co. Kerry, vice G. Williams, M.D., resigned.

MOORE, D. N., L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Articlave Dispensary District of the Coleraine Union, Co. Londonderry, vice Moorhead.

MURPHY, J., M.D., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Emlagh Dispensary District of the Cahirciveen Union, Co. Kerry, vice Hanifin, appointed to the Milltown Dispensary District.

PULLAR, A., M.D., has been appointed Physician to the East London Hospital for Children, Ratcliff-cross.

RASCH, A. A. F., M.D., has been appointed Honorary Physician to the German Hospital, Dalston, for the treatment of the diseases of women, peculiar to the sex, being in-patients.

RAVENHILL, T. H., M.R.C.S.E., has been appointed a Resident Surgeon to the Birmingham General Dispensary, vice A. Drummond, M.B., resigned.

RAYNER, J., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Etwall District of the Burton-upon-Trent Union, vice G. A. Cope, M.R.C.S.E., resigned.

RUTTER, J., M.D., has been appointed Physician in Ordinary to the Brighton and Hove Dispensary, vice A. Hall, M.D., resigned.

SECCOMBE, E. H., M.B., has been appointed Honorary Physician to the Metropolitan Convalescent Institution.

SHEARMAN, E. J., M.D., has been elected Consulting Physician to the Dispensary, Rotherham, Yorkshire.

SHEPHERD, T., M.R.C.S.E., has been appointed Honorary Surgeon to the Wallasey Dispensary, Egremont, Cheshire, vice E. C. Hammond, M.R.C.S.E., resigned.

SOUTHEY, R., M.D., has been appointed Physician to St. Bartholomew's Hospital, vice F. J. Farre, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

AIR.—On the 23rd inst., at Lorrimore-square, S.E., the wife of A. Cummings Air, M.R.C.S.E., of a daughter.

FINLAY.—On the 20th inst., at Tarbert, the wife of James Finlay, M.D., of a son.

FOX.—On the 17th inst., at Grosvenor-street, the wife of Wilson Fox, M.D., of a daughter.

HIGHAM.—On the 25th inst., at Kilham, Hull, the wife of Joseph Higham, Surgeon, of a son.

SMITH.—On the 23rd inst., at Seaforth, Liverpool, the wife of Dr. C. Swaby Smith, of a daughter.

MARRIAGES.

HOADLEY—BANKS.—On the 18th inst., at the Parish Church, Fulham, Robt. Hoadley, M.D., M.R.C.S.E., to Mary Anna, second daughter of the late Percival Weldon Banks, M.A., of Gray's-inn, and niece of Daniel Maclise, R.A.

JONES—PHILLIPS.—On the 20th inst., at the Welsh Congregational Church, Beaufort, D. Edgar Jones, L.R.C.P., L.R.C.S.Ed., of Cardiff, to Catherine Annie, only daughter of R. Phillips, Esq., of Beaufort.

ROGERS—KEMPSON.—On the 18th inst., at St. Mary's, West Brompton, Geo. Leslie Rogers, M.R.C.S., L.S.A., to Catherine Anne, daughter of the late P. Kempson, Esq., of Chad-road, Edgbaston.

DEATHS.

ADAMSON.—On the 23rd inst., at Dyer-street, Cirencester, of ascites, Alex. E. Adamson, M.D., L.R.C.S.Ed. L.S.A., aged 42.

BRAMELD.—On the 19th inst., Frances, wife of Dr. Brameld, of Salisbury-by-the-Sea.

CRAWFORD.—On the 25th inst., at Stafford, Georgina Elizabeth, the wife of Cooper Hayes Crawford, Surgeon 2nd Regiment (King's Own) Staffordshire Militia, in her 24th year.

DUKES.—On the 22nd inst., at Enfield Highway, Middlesex, Mary Davis, the wife of M. Charles Dukes, M.D., and eldest daughter of T. Sprague, Esq., of Camden-road, aged 38.

LOVE.—On the 19th inst., suddenly, John Love, M.R.C.S.E., of Brook-street Grosvenor-square, and Blenheim-crescent, Kensington-park, in his 71st year.

PRICE.—On the 19th inst., at Porchester-terrace, Bayswater, Dr. Cuthbert Price, aged 67.

BOOKS ETC. RECEIVED.

Dr. Gamgee on Force and Matter.
Dr. Evans on the Antiseptic Treatment.
St. George's Hospital Reports. Vol. IV.
Dr. Thorowgood's Notes on Asthma.
Mr. Graham on the Climate and Resources of Madeira.
Half-yearly Abstract of the Medical Sciences. Vol. I.
Mr. Le Gros Clark's Lectures on the Principles of Surgical Diagnosis.
Dr. Elam on Medicine, Disease, and Death.
Dr. Knapp on Intraocular Tumours.
Guy's Hospital Reports. Vol. XV.

Medical Diary of the Week.

Monday, Jan. 31.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. The Discussion on Dr. C. B. Taylor's paper "On the Operation of the Contagious Diseases Act" will be resumed.

Tuesday, Feb. 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Humphry: "On the Architecture of the Human Body."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Major Frederick Millingen, "On the Negro Slaves in Turkey."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. H. Weber: Tubercular Meningitis and Tuberculosis of the Serous Membranes in connexion with Caseous Deposits. Dr. B. Sanderson: Preparations illustrating the Communication of Tubercle by Ingestion of Tuberculous Matter. Dr. Barclay: Tumour of the Spinal Cord. Dr. A. B. Squire: Elephantiasis Græcorum and Accidental Ichthyosis;—&c. &c.

Wednesday, Feb. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Dr. Willoughby, "On a Case of Cicatrices from a Burn, requiring Division during Labour." — Dr. Routh, "On a Case of Absence of the Vagina, with Retention of Menses in a Uterus behind." — Dr. Braxton Hicks: "A Contribution to our Knowledge of Puerperal Fever."

Thursday, Feb. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Ruskin, "On Verona."
HARVEIAN SOCIETY OF LONDON.—8 P.M.

Friday, Feb. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Ruskin, "On Verona."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Dr. Baines, "On a Case of Obstruction in the Bowels."—Dr. Painter, "On a Case of Stone in the Urethra."

Saturday, Feb. 5.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 0½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Scott, "On Meteorology."

Notes, Short Comments, and Answers to Correspondents.

THE HIGHBURY OUTRAGE.

A FRESH notoriety has been given to the already ignobly notorious riot at Highbury in November last. A paragraph appears in an evening paper, to the effect that the riot "was planned and committed almost exclusively by medical students of St. Bartholomew's Hospital, two of whom, having been identified, have been dismissed from the institution." This is copied into *The Times*, and immediately contradicted most unequivocally by the Secretary of the Medical School of that hospital; while an evening contemporary meets this denial by a quotation from a communication said to have emanated from the Secretary of State for the Home Department. Now, though we heartily unite with the *Echo* in denouncing the lawlessness and ruffianism of the rioters, we think that a specific accusation has been somewhat precipitately preferred against students of St. Bartholomew's; not only, indeed, without sufficient evidence, but rather in the face of that which has been adduced. That no Bartholomew's men have been detected and dismissed for sharing in this riot is perfectly certain; and the communication quoted as justifying the accusation distinctly states that "the police had been permitted to attend at the doors of the hospital as the students passed in and out, and they had not been able to recognise anybody." We may add that not only were the police permitted to attend at the doors of the hospital, but that the authorities adopted the unusual course of granting detectives free access to the hospital square, and permission to watch the entrances to the theatres. It cannot, however, be too distinctly understood that knocker-wrenching and bear-fighting in a place of public resort are not gentlemanly accomplishments, and that neither the law nor public opinion is disposed to judge them leniently.

Rodins.—We must recommend our correspondent to consult his attorney. We could not safely advise him without a fuller statement of the case than he has given.

Mr. A. B. Hammond.—Gray's Anatomy, edited by Holmes, price 28s.; Carpenter's or Kirkes's Physiology, 12s. 6d. each.

Dr. J. T. Fox, (Hulme, Manchester.)—The case shall receive consideration.

THE BRITISH MEDICAL BENEVOLENT FUND.

To the Editor of THE LANCET.

SIR,—With your permission, I will, in answer to your correspondent, "Z. Y. D.," briefly explain the objects of the British Medical Benevolent Fund, and the mode in which the charity is worked.

We have, first, a donation department, consisting of the annual subscriptions and donations, and from this relief is afforded month by month, or immediately in very urgent cases, to distressed members of the profession, their widows or orphans. No canvassing is required. All that is necessary to ensure assistance in proper cases is a full statement of the circumstances and condition of the applicant, verified by two or more persons, one of whom must be a subscriber to the Fund, and the application should be accompanied by two or three letters of recommendation. If the evidence is satisfactory, the Committee at their next meeting grant such relief as the case may seem to require, so far at least as the funds in hand will admit. If the case is at all of a doubtful character, it is postponed for further inquiry, and this is often of a personal character, being undertaken by some member of the Committee. When a sum of money is voted, it is generally disbursed through a member of the Committee, an honorary local secretary, or some subscriber who has taken an active interest in the case, and it is believed that this mode of relief is both acceptable and attended with the greatest benefit to the recipient.

In the second place, I must mention the annuity department. In accordance with our laws, all legacies are invested, and the interest devoted to the payment of annuities to those over sixty years of age. The invested capital of the Fund now amounts to £8403 15s. 4d. Bank Stock, and we have at the present time 33 annuitants—viz., 26 at £20 each, 2 at £15 each, and 2 at £10 each. As vacancies occur, or our funds increase, fresh elections are held, and these take place by the Committee from a list of candidates which is being continually added to, as eligible cases are constantly applying.

Thirdly, there are six houses at Chippenham, most generously presented to the Fund by our excellent friend, Chas. Bailey, Esq., for disabled members of the Royal College of Surgeons, or the widows of such, being annuitants of at least £10 from the Fund.

Such is the British Medical Benevolent Fund. Perhaps one of its best features in the sight of those who are compelled to seek its aid is the "silent system" upon which it is worked; but this certainly limits its number of subscribers, and I am constantly meeting with instances, not only of ignorance of our objects, but also of ignorance of our existence. I, therefore, gladly hail the active interest which you appear to have awakened in the breast of "Z. Y. D." and of many others. I shall be glad to give any additional information by letter or otherwise to your correspondent, and to forward a copy of our report to any who may desire it.

In conclusion, I would say that the Fund has always received much valuable assistance from honorary local secretaries and lady collectors; but unfortunately there are many extensive districts wholly unrepresented in this way, and the Committee would be very happy to receive communications from any who would thus help.

I am, Sir, your obedient servant,

STAMFORD FELCE, Hon. Sec. B.M.B. Fund.

12, Chippenham-road, St. Peter's-park, W., Jan. 1870.

THE PREMIER AS A MECHANIC.

THE information that Mr. Gladstone has been engaged daily in felling trees, sawing planks, or doing joiner-work, will be differently regarded by different readers. Some will be ready to say that the Premier is very good at felling either trees or churches; but these complainers must take the other fact into consideration, that the Premier has been engaged in a piece of constructive work—a job of joiner-work—that we hope will be exhibited at the approaching Working Men's Exhibition. Without troubling ourselves as to the psychological interest of the particular kind of handiwork that Mr. Gladstone does, we are heartily glad to hear that, in addition to his other accomplishments, he can fell trees and do joinery. We are glad for Mr. Gladstone's sake; for we can imagine few recreations more beneficial and healthy to him than such mechanical employment; and we are glad for the sake of the example that he sets to others who follow him at long distances in cerebral and responsible work. The muscular force required in felling trees, and the nicety required in a job of joinery, will combine the two requirements of the work he needs—that it shall give, first, some employment to his muscles; and, secondly, some distraction to his thoughts.

J. F. will find the gist of the ruling in the "Answers to Correspondents" in THE LANCET of July 25th, 1868, if we mistake not. The full report of the proceedings will be found in the Dublin medical journals.

Dr. R. P. Ritchie, (Edinburgh.)—The communication shall be inserted in an early number.

Enquirer.—We are not aware of the power of any body to grant to women authoritative licences of the kind specified.

THE BRAIN-SUBSTANCE AND ITS PHYSIOLOGY.

To the Editor of THE LANCET.

SIR,—In a country where so much insanity, neuralgia, and paralysis exist as in this, it becomes a matter of the last importance, in a pathological point of view, to ascertain with precision that portion of the nervous system which is affected by either. It is now upwards of thirty years since I first tried to establish the proposition that the cerebrum generally was the seat of intelligence, and the cerebellum that of volition or motive power; and although I met with but little support at the time, I am happy to say that I have lived to hear it generally admitted.

I have now something further to add, which I am not aware has been hitherto alluded to by any physiologist of the present day, and I have therefore the less hesitation in sending it to you for ventilation, in the hope that it may not take another thirty years to establish it. In general terms, then, for the present, I am of opinion that the grey neurine which covers the convolutions of the cerebrum will be found to be the seat of mental power; the medullary substance of that organ, sensation; and the cineritious matter of the cerebellum, that of motive power. That there can be no sensation where the medullary matter is either absent or separated from its connexion with the gray neurine; no directing mind where the grey neurine is either wanting or diseased; and no command over muscular action where the cineritious matter of the cerebellum is either absent or separated from that organ. And further, that whenever the cineritious matter accompanies muscles, a perfect command over sensation for a greater or less period of time, in proportion to size and local circumstances, obtains; but directly that the cineritious matter parts company from the muscles, either by ganglia or otherwise, as in the heart, the lungs, &c., the voluntary power ceases, and involuntary power is established. If this be the case, I think that I shall be the first who has not only connected sense with mind and mind with motion through the medium of the grey neurine, but solved that much debatable problem of at least one of the uses of the ganglionic system.

I am, Sir, your obedient servant,

Bayswater, Jan. 18th, 1870. X. Y. Z.

*** We fear we cannot entirely endorse our correspondent's views. There can be no doubt that the grey matter of the cerebrum is the seat of intelligence, using that term in a limited sense, as denoting the higher faculties of the mind—memory, judgment, &c.,—and as distinct from the perception of sensation, which we believe to be situated in the ganglia at the base of the brain. The medullary substance, there is every reason for believing, is purely conducting. There is not, so far as we know, a tittle of evidence to show that the cineritious matter of the cerebellum is the seat of motor power. The latter portion of the letter we do not profess to understand. We were not aware that cineritious matter ever "accompanied muscle." If our correspondent means by the term cineritious matter ganglion cells, we should be disposed to refer him to the musculature of the alimentary canal and of the heart as localities where cineritious matter is in remarkably close connexion with muscular fibre, though these parts are altogether removed from voluntary control.

THE CASE OF THE BOY ADAMS, AUSTRALIA.

THE Executive Council is not likely to interfere with the course of punishment of this boy for alleged rape on his sister, aged ten. It is to be regretted that the Melbourne medical men endeavoured to disparage the evidence of their professional brethren in a case in which the medical evidence was secondary to other evidence in importance,—and this, months after the alleged offence had been committed. Their opinion could be of no weight at all in the case; and while it could not seriously discredit the particular evidence assailed, it served to injure the reputation of medical evidence in general.

H. V.—Mr. Napper, of Cranleigh, has published a small pamphlet on the subject. He would, we doubt not, if applied to, afford our correspondent any information in his power.

M. A. is thanked for his communication; but it is too good for the case, and has no bearing upon the question in dispute.

A PROPER PRECAUTION.

THE very general prevalence of scarlet fever throughout the country naturally excites a feeling of anxiety in the minds of parents, lest the attendance of their children at schools, especially where the scholars are numerous, and drawn from a variety of localities, should expose them to infection. Dr. Carver, the head master of Dulwich College, has therefore acted wisely in issuing a circular to the parents of College pupils, requesting their careful attention to the following regulation:—"No boy who during the last three months has been suffering from scarlet fever or any other infectious complaint, or who has been residing in a house in which any case of such complaint has occurred, will be permitted to recommence attendance at the College until he has produced a medical certificate that he can do so with safety to others as well as to himself." If all schoolmasters would follow Dr. Carver's example in endeavouring as far as practicable to prevent infection getting into their schools, there would be a chance of scarlet fever relinquishing its hold upon the population sooner than it is likely to do as long as there exists amongst those having the care of children indifference or negligence about infectious disease.

RELAPSING FEVER AMONG THE MULETEERS RETURNING FROM ABYSSINIA.

Iota.—We obtained our information from copies of the published Monthly Reports of the Sanitary Commissioner for the Presidency. These contained extracts from Dr. Gray's reports. We regret that we cannot afford our correspondent all the details he requires; but he ought to have no difficulty in procuring either a copy of Dr. Gray's papers or the Reports to which we have referred. We shall be happy to insert an article on the subject, embracing the observations made by our correspondent; but the shorter it is, the earlier probably will be its insertion in our columns.

M.D.—Mr. Hardwicke, as a licentiate of the King and Queen's College of Physicians, is not entitled to call himself "Doctor."

TREATMENT OF CARBUNCLE BY CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—In the beginning of August last I was requested to visit Mrs. M——, aged eighty-nine, whom I found suffering from a carbuncle in the nape of the neck. My patient was a fresh old lady, who previous to this illness enjoyed good health, and possessed in a wonderful measure all her faculties, considering her advanced age. In its early stage I treated the case externally with emollient fomentations and poultices, and internally with quinine in combination with rhubarb, and a mixture containing liquor of acetate of ammonia and solution of muriate of morphia, given thrice daily. There was no crucial incision or other meddling with the tumour until the core was completely formed, when the loose and undermined skin was partly removed with scissors, in order to give more free liberty to the fetid discharge, and to the gangrenous tissues underneath. In order to destroy the offensive effluvium arising from the corrupting mass, I applied, by means of a camel-hair brush, a mixture containing carbolic acid and glycerine, and continued this application after the core was detached, in order to stimulate the granulations to healthy action. The large, ugly, and gaping wound soon contracted, and my interesting patient made an excellent recovery. The carbuncle, when in its advanced stage, was of the dimensions of the section of a medium-sized orange. In the early stage of the disease I ordered a moderately nourishing diet, with a little sherry wine; and, in its advanced stage, a liberal allowance of animal food, and three glasses of sherry daily, brandy-and-water occasionally.

During a professional career of upwards of thirty years, I have treated many carbuncles in almost every region of the body, and have never once had recourse to the crucial incision, and all my cases have ended favourably. I consider carbuncle to be a secondary affection, and that its exciting cause is chronic digestive derangement, and more particularly when persistent acidity of stomach is present. I am of opinion that the crucial incision, although it materially relieves present suffering, has the effect of arresting the process which Nature is employing to remove from the system the morbific matter which is the exciting cause of the external affection, and that a patient so treated is more liable to a return of the disease, in consequence of arresting the eliminatory process.

I lately read in your valuable publication an interesting case treated by Dr. Eade, who used carbolic acid with the view of destroying the supposed vital origin of carbuncle. I do not believe in the parasitic theory, and used the carbolic acid as a destroyer of offensive effluvia and as a stimulant.

Yours faithfully,
ROBERT PURVES, L.R.C.S. Edin.

Dryburgh Mains, St. Boswells, Jan. 1870.

Medicus.—We do not think that there is any extensive impression abroad as to the licence in question having any value as a surgical qualification.

Alpha.—The National Vaccine Establishment, 16, Fitzroy-street, Fitzroy-square.

HEALTH OF THE CZAR.

OUR statement that the Emperor of Russia has been suffering from the family disease of hypochondriasis, which causes him great depression of mind and body, is confirmed by fresh information communicated to our Paris correspondent. His condition is such as to incapacitate him for work.

THE CHILIAN NAVY.

To the Editor of THE LANCET.

SIR,—Having lived several years in South America, I am able to state that the Chilian Government is perfectly stable, and will honourably pay its liabilities; but an assistant-surgeon would have to dwell in a ship more wretched as regards want of order and comfort than he could conceive. It would be impossible for your correspondent to practise among the natives without express permission from the Proto-Medico (very difficult to obtain), and a perfect knowledge of Spanish. The fees for such attendance are about 3s. per visit. The climate is all that could be desired.—Yours, &c.,

January, 1870. LIMA.

PROFESSIONAL COURTESY.

To the Editor of THE LANCET.

SIR,—I trust to your impartiality to admit one more reply from me to Dr. Smith. He commences his letter, published in your journal of to-day, by admitting, in reference to my non-reply to his charge against me, that I was taking my case "*cum dignitate.* I beg to assure him that, possessing the *mens conscia recti*, the dignity was natural; and I readily admit that it was your editorial comment, Sir, and not his letter, which called forth my reply.

Dr. Smith proceeds by "emphatically denying" my statement that his letter to me was at once consigned to my waste-paper basket, "inasmuch as I took it to my friend, the Chairman of the Board of Guardians." I advise Dr. Smith to inquire another time a little more carefully as to the facts of a case before recording in print so grave a departure from the truth. The letter *was* consigned as stated, and my friend never saw the letter until after the first of this month, when I took him THE LANCET to read in print the charge against me, when he suggested my making use of his name in my reply. This matter can readily be put to the test. I also deny most positively the additional charges now brought against me by Dr. Smith. He perhaps thinks, as the late Archbishop Whately used to say, "Throw dirt enough, and some will stick." I reply, in the words of Dr. Newman, "Well, will stick, but not stain. *Pravalebit veritas.*"

I cannot be answerable, Sir, for what Dr. Smith's nurse may assert in contradiction to my own positively expressed word, supported as it is by a thoroughly reliable and trustworthy witness. If Dr. Smith chooses to disbelieve me, he is welcome to do so; for his good or bad opinion is a matter of no moment to me. But why, I ask, should he refuse to give credence to Mr. Dagnall, the guardian who accompanied me, for whom Dr. Smith professes to entertain a *great* respect, and who, he admits, has always treated him in a most kind and courteous manner?

What possible motive does Dr. Smith think I could have in obtaining entrance into the wards of which he has medical charge, and why should he be so anxious to attribute dishonourable purposes, which he knows full well he cannot specify, to a professional brother? It is beyond dispute that we are prone to take the tone of our society—*Noscimur a socio*; and if it be equally true, as has been asserted, that we are prone to judge the actions of others by our own, I can then better understand Dr. Smith's giving me "the lie direct," as he does in the third paragraph of his letter in your number of to-day, when he might, if he chose, so easily have ascertained the truth of my assertion.

To conclude. If Dr. Smith still feels himself aggrieved, his sanctum invaded, his dignity trodden under foot, let him appeal to any half-dozen medical men of our own neighbourhood who know something of us; and if they, or the majority of them, decide that I have been guilty of a breach of professional courtesy, I will at once tender him the *amende honorable* for my thoughtlessness.

And now, Sir, to terminate this correspondence, while thanking you for admitting my last letter, I hope you will consider it due to me to qualify the severe editorial comment appended to Dr. Smith's letter in your impression of the 1st instant. I remain, Sir, yours &c.,

Wandsworth, Jan. 22nd, 1870. JAMES E. LAWRENCE.

To the Editor of THE LANCET.

SIR,—I am much surprised at th course taken and feeling shown by Dr. Smith towards Mr. Lawrence, through my inviting him to see the new building now in the course of erection for an addition to the infirmary, or, more properly speaking, the new infirmary.

Meeting Mr. Lawrence (whom I have known since he came into Wandsworth) at my daughter's on the Saturday evening, in the course of conversation the subject of the new infirmary, now approaching completion, was brought up. He said he should very much like to see it. I arranged with him to go with me—not in a professional capacity, or in any way with an intention of interfering with any of the arrangements, but merely to go over the building.

On the Monday morning, after having gone over the new building, I persuaded Mr. Lawrence to look at the present infirmary (this I subsequently explained to Dr. Smith) to see the difference in the accommodation in the new building and the old one, although only built a few years since. On passing through one of the passages, I saw Dr. Smith in the dispensary, and introduced Mr. Lawrence to him. He seemed very cool. We left him. The nurse followed me up the staircase, after which Dr. Smith called her back in a very peremptory manner, which I think was a great insult to myself, as well as to my friend, I conceiving that I have a right to make any inquiries I might think necessary (having always treated Dr. Smith with the greatest courtesy, I consider his manner was quite uncalled for); after which he spoke to Mr. Lawrence on one of the landings, the subject of which I did not then hear; but Mr. Lawrence told me afterwards that he (Mr. L.) had not behaved in a courteous manner to him in not informing him of his visit. I did not see the occasion for it, or that there was time to do so, as the arrangement was made on the Saturday evening for the Monday morning. Being one of the Visiting Committee, and also holding the honourable position which I do at the Board, I consider I have the right or privilege of taking any friend or ratepayer over the establishment without they or myself being insulted or called to an account by any of the officers.

I am, Sir, yours obediently,
THE CHAIRMAN OF THE BOARD OF GUARDIANS,
WANDSWORTH AND CLAPHAM UNION.

Point Pleasant, Wandsworth, Jan. 25th, 1870.

P.S.—I did not intend to have taken any notice of this affair; but as it seems Dr. Smith is inclined to prolong the discussion (the correspondence having been pointed out to me in your journal), I could not let it pass without giving some explanation of the subject.

*** Mr. Lawrence complains that he was condemned *in absentiâ*; but this was his own fault for not at once offering an explanation of his conduct. Every cock crows loudest on his own dunghill; and if Dr. Smith has taken up the matter with perhaps extreme warmth, Mr. Lawrence should have been extra careful not to offend prejudices which have a foundation in recognised professional etiquette. We recommend the "Chairman" to invite both gentlemen to meet on opposite sides of his festive table. In any case, this controversy must now end.

UNIVERSITY DEGREES.

London.—Our correspondent, despising all doubtful titles, and complaining of the hardship which accrues to conscientious practitioners, whose neighbours come back from very ordinary examinations, and report themselves "physicians" or "doctors," suggests that the London University should have a year of grace, and admit men to the Doctorate who have been ten years in practice, and can pass a good clinical and a fair classical examination. The hardship is not unreal, and comes of the assumption of false or flimsy titles. The adoption of the suggestion by the University of London would be a calamity. Its degrees are what they are *because* they do not represent grace, but merit and honour; and if the University of London is to confer its M.D. on gracious principles, after the example of the Edinburgh College of Physicians, we may hang our heads as a profession, and give up the reality of distinction.

SCARLET FEVER.

Dr. Hastings (Brixton-hill) sends us a communication, advocating the use of belladonna and aconite in this disease. He advises that drop doses of the latter be given every two hours for the first twenty-four hours, and that this be followed by drop doses of belladonna every two or three hours. Assuming Dr. Hastings to have been as successful as he states, the presumption is that in his twenty-five years' experience he has been singularly fortunate in not having met with such cases as those alluded to by Sir William Jenner.

Mr. R. Talbot, (Limehouse.)—An explanation and apology are certainly due both to the parents of the child and to our correspondent at the hands of the *Tower Hamlets Express*. There is no such person as "Dr." Kernot, "M.R.C.S.," Chrisp-street, Poplar, in the Register.

Aural Surgery will find the subject noticed in another column.

CONSULTATION FEES.

To the Editor of THE LANCET.

SIR,—Will you kindly make out for me what is now the fee for medical consultation? It has hitherto been twenty-one shillings; but I am learning that some other sum is now charged. Twenty shillings, for instance, has of late been tendered to me on several occasions, not by "unsophisticated" patients of my own district, but by "persons of quality," who live much in London. I presumed that this tendency of a lower fee (wrapped up in paper) was an aristocratic failing of the kind of "Lady Bareacres," and formed my judgment somewhat too harshly, I fear, of some of those who sought my advice. The other day, however, I came to an explanation with a lady of apparently imperfect gratitude, and was able to point out that my fee has been, is, and would be twenty-one shillings, money being of less rather than of increasing value now-a-days. She willingly paid me my proper fee at once, and said in explanation that she had been under Dr. —— (naming an eminent physician in town) for some months, and that he always declined twenty-one shillings, and said his fee was twenty shillings. I send you the name of this physician (in confidence), who, if this be true, undersells his despised country rivals for the sake of a cheap appearance of magnanimity. The lowering of my fees from twenty-one to twenty shillings would deprive me of a sum equal to my rent, rates, and taxes.

I am, Sir, yours, &c.,

January, 1870. A COUNTRY PHYSICIAN.

THE COMING MAN AT PRESTON.

THE local papers announce that "the eminent physician," Dr. Barber, of Ulverston, has been elected chief superintendent to the Amalgamated Friendly Societies' Provident Dispensary, and will enter on his duties in a few days. Nineteen testimonials have been sent to the papers for publication; and this gentleman, who is going to attend men and women for halfpennies a week, and children, with all their ailments, for less, is described in these as a man of "great zeal," "industry," a most skilful practitioner, "an accomplished scholar," able and conscientious, &c. &c. When all this can be had for halfpennies, we must blame the profession rather than the Clubs.

Dr. J. McIntyre.—Our correspondent's services were well worth £10 10s.; but he could scarcely expect the guardians to exceed the fee prescribed by the Poor-law Board. It is to be regretted that the messenger sent did not see the relieving officer. He should have got an order from him.

Mr. James Sloe.—Avoid advertisers.

Dr. R. W. Foss, (Stockton-on-Tees.)—The communication shall be inserted in our next issue.

THREE LIVING CHILDREN AT A BIRTH.

To the Editor of THE LANCET.

SIR,—I have this morning received from her most gracious Majesty a donation of £3 to transmit to a patient, she having been delivered of three living children at a single birth. Perhaps a short account of this rather rare occurrence may be acceptable.

I was called on the 6th instant to attend a MRS. A——, residing in this town, in her confinement. On examination, I found a foot presenting; on gaining its fellow, delivery was easily effected. The second child was a head presentation. The labour pains were inefficient, and at long intervals. Having waited about six hours, my patient becoming nervous and restless, I sent for my forceps; but before the return of the messenger she had a single strong expulsive pain, and the child was born. Each child had a separate placenta, both of which were strongly adherent. Again I waited some length of time before I introduced my hand into the uterus, and detached them, during which operation I detected a third child, which was soon after expelled, enclosed in its own membranes, upon puncture of which the child was released, quickly followed by a third placenta. The mother expresses herself as feeling better than after any previous confinement, and the children (all girls) are thriving daily.

Your obedient servant,

Hitchin, Herts, Jan. 19th, 1870. WM. J. HARRIS.

AN APPEAL.

THE following case appears to be one deserving the consideration of the medical profession:—Mr. Henry Shorland, who had for the last two years been in practice in Tollington-park, died suddenly of heart disease on the 8th instant, leaving a widow and three children entirely destitute. His practice during his lifetime was so small as to provide for little beyond the necessaries of life, and his untimely death has thus rendered his wife and children penniless. It may be well to state that the late Mr. Shorland was a Freemason. The case is strongly recommended by the following gentlemen, who will be happy to receive subscriptions, which will be duly acknowledged in THE LANCET:—Charles J. Hare, M.D., 41, Brook-street, W.; Rev. J. Lees, M.A., of St. Mark's, Tollington-park, N.; and H. Aubry Husband, M.B., 1, Athelstane-terrace, Tollington-park.

Whitehaven and West Cumberland Infirmary.—The licence of the Faculty of Physicians and Surgeons is not a double qualification. It is a qualification in surgery alone.

A. B. C.—We do not think any good would arise from the publication of our correspondent's letter. When the trial takes place, there will be an opportunity for referring to the subject.

Mr. J. W. Marsh, (Littlemore.)—The cases shall appear in an early number.

FURROWS ON THE NAILS AFTER ILLNESS.

To the Editor of THE LANCET.

SIR,—Dr. Wilks, in a recent number of your journal, gives a paper on the above subject. I have on several occasions noticed cases in which the nails were furrowed after severe illness, and called attention to the fact in a lecture delivered at the Science classes in this town; but have never before seen it noticed in any medical publication. I can well conceive that the fact of the nails being furrowed from such a cause may be of importance to the expert in forensic medicine in leading to the identification of bodies which may have been found under more or less suspicious circumstances, the examining physician being able to state with certainty that the deceased had suffered from serious illness at a definite period before his death.

Some time since I suffered from a severe attack of rheumatic fever, and was invalided for some weeks afterwards. I then saw the furrowing of the nails in my own person, and can corroborate the statement of Dr. Wilks as to the time that it takes for the furrow to reach the extremity of the nail. In my case it was more than four months before this took place. In the toe-nails it was longer; but I did not observe to what extent.

I remain, Sir, yours truly,

Lancaster, Jan. 13th, 1870. J. DANIEL MOORE, M.D., &c.

To the Editor of THE LANCET.

SIR,—The fact that lateral lines of depression occur on the nails of persons after certain acute illnesses, particularly in the young, could scarcely escape the notice of almost every practitioner. In severe cases of scarlatina the fact may be verified in several members of one family, and in numbers of individuals in a populous place during the prevalence of that disease. But the depressions of this kind are not the result of arrest of nutrition, nor does the cause originate at the root of the nail. During the irruptive period of the fever there is great tension of the cuticular border of skin over the nail, or constriction of the nail where it is comparatively soft, and it will be found that this is the part of the nail depressed, the action being mechanical rather than vital. A good method of proving this is to paint the nail between the exposed and covered part with a solution of nitrate of silver, and as the nail advances the depression will be found close to the stained part.

That teeth are ever similarly affected by arrest of nutrition seems wonderful. There is no parity of condition between a growing nail and a living tooth. A tooth subject to such an action would be slow in recording it, and most certainly it would not be by a lateral line of depression.

I am, Sir, yours, &c.,

January, 1870. D. R. R.

SICK CLUBS AND MEDICAL ETHICS.

Messrs. Molineaux and Birtwhistle, (Hessle.)—We have read the correspondence submitted to us. Considering that Messrs. Molineaux and Birtwhistle resigned their office as surgeons to the Sick Club because the Club refused to give the rate per member which not only the profession has pretty generally agreed to be reasonable, but which they found from experience of the particular appointment to be necessary in order to adequate remuneration, we think it greatly to be regretted that Mr. Evans took the duties on terms which they declined. Mr. Evans writes in a tone which we cannot admire. He is, however, quite at liberty to do what he has done, and we trust that our correspondents will leave him entirely to his own reflections. Perhaps at his leisure he may regret having replaced professional brethren on such terms. The only objection to the course taken by Messrs. Molineaux and Birtwhistle would be that it was taken with undue haste, or in some way inconsiderately of the convenience or the prejudices of the Club—points that should be attended to; but we have no information that in this particular case they were neglected.

HORACE WRIGHT.

AN evening contemporary, as an item of police news, quotes the statement of a young man named Horace Wright, that before he committed the highway robbery for which he was convicted, he "had been with the Editor of THE LANCET." We should have thought it hardly worth while to notice such an assertion were it not that it affords additional evidence of the young man's being not only a criminal, but a lunatic.

Censor.—The letter looks like an instance of the puff direct. It is only charitable to suppose that the eminent M.D. in Dundee perceives the writer's want of taste as our correspondent does.

Dr. Haviland is thanked.

Mr. A. M. Adams, (Surgeon, Lanark Militia.)—The communication is interesting, and will appear in an early issue.

LIABILITY OF MASTERS FOR MEDICAL ATTENDANCE ON SERVANTS.

An Enquirer.—A master is not under obligation to provide medical attendance or medicines for his domestic servant, unless he have expressly stipulated so to do. If, however, he send for a medical man, he becomes liable for the medical man's bill; and he is not entitled to deduct the amount of that bill from the servant's wages, unless he has previously arranged with the servant that this shall be done. He has no right to discharge a servant on the ground of illness without the usual notice, or payment to be made instead of notice; but for medical aid the servant must look to herself or to the parish, or to the humanity of her master. In the case of apprentices living with their master, there is a claim to medical assistance; but no other class of servants has that claim.

Subscriber, X. Z.—There are books by Mr. Pye Chavasse and Mr. Kesteven on the subjects referred to. A work by Dr. Eustace Smith on Diseases of Children is excellent in its way.

THE GAMBIA CORRESPONDENCE.

WE have received a long communication from a correspondent who claims to be personally acquainted with some of the individuals whose signatures were appended to the report that appeared in THE LANCET regarding the revolting condition of the graveyard at Bathurst, Gambia. He requests us to suspend our judgment until he has had time to communicate with them, as he hopes to show that there is some misconception in respect to the matter. We hope so too. But what conclusion can we arrive at when a medical officer forwards us "certified copies" of documents bearing the signatures "P. A. Bowman" and "E. F. Noel," in which they publicly admit that they have stated what was incorrect?

Vindex, (Glasgow.)—The subject is at present under discussion in our columns. There is only one "g" in "Edinburgh," and one "l" in "ventilation."

M. LOUIS AND DR. MARSHALL HALL.

IT is always gratifying to notice the recognition of one great physician at the hands of another; and we, therefore, have peculiar pleasure in giving a place in our columns to the following letter from the highest authority in France on diseases of the chest:—

MONSIEUR,—Des circonstances indépendantes de ma volonté m'ont empêché de répondre plus tôt à la lettre que vous m'avez fait l'honneur de m'écrire au sujet du prix qui va être fondé pour honorer la mémoire de mon illustre et excellent ami, Marshall Hall. Je regrette vivement ce retard, et je m'empresse, aussitôt mon entrée en convalescence d'une maladie assez grave, de vous remercier des détails que vous voulez bien me donner au sujet du prix en question, de me compter parmi vos souscripteurs, et de recevoir à cet effet les huit guinées que je vous adresse.

Le sujet du prix a été bien choisi; le jury qui le décernera voudra avant tout un travail rigoureux, et après sa mort, comme pendant sa vie, Marshall Hall aura une bonne part dans l'avancement de l'étude du système nerveux.

Veuillez agréer, Monsieur, avec mes remercîments, l'assurance de mes sentiments de haute considération.

94, Rue de la Victoire, Paris, le 22 Déc., 1869. LOUIS.

M. Louis follows up these gratifying expressions by the handsome donation of two hundred francs.

Junior House-Surgeon.—Our correspondent may properly use the title of Licentiate of the Edinburgh College of Physicians. A M.D. practising exclusively in medicine, and in the way of a consulting practitioner, is in two important senses a physician. In the popular sense he is a physician, and in the eye of the law and of the profession he is fully qualified for the duties of a physician. In the sense of being a member or a fellow of a College of Physicians, he is not a physician.

Mr. Spencer Watson will find, on referring to the second paragraph of the opinion quoted in THE LANCET of Jan. 15th, that "voting-papers bearing an *impressed* stamp, and specifying the day of meeting at which they are to be used, will be free from any such objection"—i.e., they do not require to be obliterated by the signer of the proxy-paper, and this is the undoubted meaning of the Act. Our object in calling attention to the subject was to suggest the use of the impressed stamp so as to avoid all possible legal difficulty.

X. Y. Z.—The field is the world—"Super et Garumantas et Indos"; but perhaps New Zealand would be a more feasible place than any of those enumerated by our correspondent.

"THE CHARITY OF A PROFESSIONAL BROTHER."

To the Editor of THE LANCET.

SIR,—The letter in your impression of the 15th instant, signed "The One Dissentient," said to be written without "bias," hardly bears out this idea, and is evidently intended to convey an impression adverse to me. No man, or any body of men, have any right to say that any "charge of poisoning" was made against Dr. Irvine. My apology, which was freely granted, stated "that I regretted if Dr. Irvine felt himself aggrieved by the mention of poison in connexion with his name," which latter must have appeared ultimately under any circumstances; but your correspondent forgot to add that the deputation appended to this statement "*their regret* that Dr. Irvine had not called upon me, thereby preventing much unpleasantness." No gentleman has a right to pass judgment on a professional brother, and speak of "the whole course of his conduct as erroneous," without giving proof thereof. If the "One Dissentient," who seems to think the mention of his name likely to damage his cause, will publicly or privately state his reasons for coming to so strong a conclusion, I will endeavour to defend myself against an *unbiased* critic. If he is what he represents himself to be, he will call upon,

Yours truly,

Liverpool, Jan. 22nd, 1870. EDWD. L. FALLOON.

CONVICTION UNDER THE MEDICAL ACT.

MR. JOHN MAIN is entitled to the thanks of the profession and the public for bringing the case of Robert Wilson, of East Keswick, under legal treatment. Albeit that Mr. Wilson is described as "a respectable and intelligent man," he flagrantly violated the Medical Act in calling himself "Surgeon" on his door-plate, and in signing death certificates. The flagrancy of the case was shown in the absurd defence set up. The magistrates expressed their sense of the gravity of the offence of falsely using the title of "Surgeon," and fined the defendant £10. In delivering their opinion, they only did justice to Mr. Main in saying that he acted for the benefit of the public at large.

M.R.C.S., (Hulme, Manchester.)—The young lady's resumption of such duties in April would, we think, be premature. Spinal curvature is peculiarly one of those ailments in which the adage holds good: "To be soon well, be long ill."

O. H. W.—Licentiate of the College in question.

Medico-Psychologicus.—Our correspondent's letter is far too long for publication.

Student, (Guy's.)—The statement has been contradicted.

ANOINTING WITH OIL.

To the Editor of THE LANCET.

SIR,—Was the practice of smearing the body with oil, advocated by Dr. H. G. Knaggs in your last issue, not recommended in print years ago by the present Sir James Simpson? I am under the impression it was, and that the beneficial effects of oil inunction were first observed by Sir James in the large woollen factories in the south of Scotland. I cannot at the moment recollect if, or where, Sir James has published any account of this matter; but that he and others, myself included, have recommended this practice, is undeniable.

Yours obediently,

January, 1870. H. W.

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Syme, Edinburgh; The Earl of Shaftesbury; Dr. Murchison; Dr. Greenhalgh; The Archbishop of Canterbury; Dr. Gervis; Mr. Lawrence; Mr. Moore; Mr. Sloe; Mr. Cummings Air; Dr. Fox, Manchester; Dr. D A. Robertson; Dr. Corner; Mr. Nunneley, Leeds; Mr. Cheadle; Mr. Titness; Dr. Merry; Mr. Chadwick; Dr. Williams, Malvern; Mr. Campbell; Dr. Hardie, Manchester; Dr. Griffith; Dr. McCall Anderson, Glasgow; Dr. Waters, Liverpool; Mr. Power; Mr. Scott; Mr. J. Lane; Dr. Owen Fox, Winchester; Dr. Fogerty, Cork; Mr. Morgan; Mr. Gibson; Mr. Aldred; Dr. Brameld, Saltburn; Mr. Evans, Waltham; Mr. Pearse; Dr. Lister, Haydock Lodge; Mr. Langdon, Walsall; Mr. Norman; Mr. Kennedy; Dr. Mason, Sheffield; Dr. Phillips; Mr. Cummins; Mr. Poore; Mr J. R. Smith; Dr. Fox, Scarborough; Mr. Atkinson; Dr. Harrison, Eccles; Mr. Thomas; Dr. Owen; Dr. Pearce; Mr. Lyle, Exeter; Mr. Meade; Mr. Maw; Dr. Falloon, Liverpool; Mr. Thorn, Norwich; Dr. J. Adams; Mr. Hardy; Dr. C. S. Smith; Dr. Carey; Dr. Williams; Dr. Lucas, Kirkdale; Mr. Hopkins; Mr. Hinds; Mr. Charteris; Mr. Magon, Wereham; Dr. Pardon, Belfast; Mr. Adams, Lanark; Dr. de la Gove, Birmingham; Mr. G. Wood; Mr. Marsh, Littlemore; Dr. Howison, Darlington; Mr. Steans; Mr. Edwards; Dr. Munro; Mr. Higham, Kilham; Mr. C. Adcock, Jersey; Dr. Husband; Mr. Kelly, Tuam; Messrs. Molineaux & Co., Hull; Dr. Gornall, Preston; Dr. Moore, Lancaster; Dr. Woodward; Dr. Griffin; Dr. Barrington; Mr. C. H. Lister, Towcester; Dr. Foss, Stockton-on-Tees; Mr. Greame; Mr. Tuck, Seaford; Dr. Clouston, Carlisle; Rev. J. Davies, Cardiff; Mr. G. Lawson; Mr. Brown; Anthropological Society; M.D.; E. J. A.; O. H. W.; W. A. B.; The Editor of the *Pall Mall Gazette*; Lima; X.; Medico-Psychologicus; Censor; Enquirer; Alpha; Junior House-Surgeon; A Resident Chaplain; The Chairman of the Wandsworth and Clapham Board of Guardians; Alpha; Medicus; Radius; Kent; H. W.; Vindex; M. A. G.; M.R.C.S.; X. Y. Z.; A Graduate of a British University; A. B. C.; &c. &c.

Brighton Gazette, Downpatrick Recorder, Englishwoman's Review, English Churchman, Transactions of the American Ophthalmological Society, Eastend News, Brighton Daily News, Merthyr Telegraph, Cumberland Pacquet, Coventry Standard, Yorkshire Gazette, Brierly-hill Advertiser, Scotsman, Preston Herald, Durham County Advertiser, Glasgow Herald, Coventry Express, Ararat Advertiser, Whitehaven News, Hampshire Telegraph, Preston Guardian, Wellington Gazette, Gaceta Medica, Melbourne Argus, Barnsley Times, Perthshire Journal, Preston Chronicle, and *Brighton Herald* have been received.

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